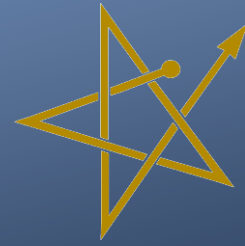


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Pregnancy and Parenthood in the Navy: Results of the 2012-2013 Survey

Zannette A. Uriell

Navy Personnel Research, Studies, and Technology



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<p>Existing Navy databases do not always contain complete data about pregnancy and single parenthood in the Navy, nor do they contain information about attitudes towards birth control. Since 1988, a survey has been conducted almost biennially to obtain this data; this report presents results from the 2012-2013 administration of the survey. Overall, results are similar to previous administrations. In particular, there are currently about 14,000 single Navy fathers and 6,000 single Navy mothers; most Sailors do use birth control, predominantly the birth control pill and/or the condom; women are most likely to receive training about birth control from their health care providers while men receive training during General Military Training (GMT); pregnancy rates are similar or slower lighter than in 2010; and the majority of women become pregnant while assigned to shore duty or a non-deployable unit, with few women having orders to their next duty station when they become pregnant.</p>						
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Foreword

To evaluate and modify personnel policies, Navy leaders often use survey data to understand Sailor perspectives. There are also times when objective data does not exist or is not readily accessible in existing databases. The 2012-2013 Pregnancy and Parenthood Survey was conducted to gather both attitudinal and objective data for the Office of Women's Policy within the Navy Office of Diversity and Inclusion (N-134), for policy formulation relating to pregnancy and parenthood within the Navy. This report provides the results of the 2012-2013 version of the survey as well as any trend data available since this series of surveys was first conducted.

The author appreciates the many women and men who took the time to provide their honest responses to make this research possible. The author also gratefully acknowledges the support of the sponsor points of contact in the Office of Women's Policy during the survey administration as well as while the results were routed: Dr. Jessica Milam, LT Maura Betts, LT Elizabeth Huntoon, OSC Jessica Myers, LT Samantha Dugan, LTJG Amber Lynn Daniel, LT Tawney Nakamura, LT Heidi Boettger, and LT Erin Buttler-Ricketts. The author also thanks Ms. Evangeline Clewis and the Survey Operations Center for their work in administering the survey and Dr. Paul Rosenfeld for his guidance of this project through the many years.

DAVID M. CASHBAUGH

Director

Navy Personnel Research, Studies, and Technology

Executive Summary

Purpose

As of April 2013, women made up 17% of the Navy and 23% of the Navy's FY13 enlisted accessions. Navy leadership continues to monitor pregnancy and parenthood trends, and the impact of these issues on service members and Navy readiness. Relevant data may not exist in current medical or personnel databases, or may be difficult to accurately extrapolate. The Navy-wide biennial Pregnancy and Parenthood Survey has served, as the primary source of metrics related to pregnancy, single parenthood, and related topics, since 1988. The survey meets the requirements of SECNAVINST 1000.10A, Department of the Navy (DON) Policy on Parenthood and Pregnancy, to collect objective data for evaluating pregnancy policies.

Approach

Navy Personnel Research, Studies, and Technology (NPRST) administered the 2012 Pregnancy and Parenthood Survey from late November 2012 to late April 2013. Survey invitation letters were sent to a stratified random sample of about 15,300 women and 10,100 men in pay grades E2-E9 and O1-O5. Letters included a unique user login for each service member as well as the survey website. Before the field closed, two reminder letters were sent to respondents at their command address and one reminder Navy Message was sent to all commands that had a participant. The survey contained a common core of items for both genders, including items about parenthood, single parenthood, family planning, sabbaticals, attitudes towards birth control and health care providers, and sources of training on sexual and reproductive health; the only differences in these common questions were in gender-specific wording (e.g., “father a child” vs. “become pregnant”). Men were asked additional questions about paternity leave while women were asked additional questions about pregnancy experiences while in the Navy. Survey items were skipped automatically if they were not applicable to a respondent, based upon the respondent’s previous answers. All login information was removed from the data before analysis was conducted in order to maintain the anonymity of respondents. Results were statistically weighted by pay grade and gender strata to be representative of the entire Navy population.

Findings

About 5,000 men and women provided useable responses to the survey, yielding weighted response rates of 25% for men and 26% for women, similar to response rates on other recent Navy surveys. Margins of error for overall questions were no more than +/-2.8% for women and +/-3.9% for men.

Overall, results show consistency across survey administrations. Pregnancy rates are similar to previous years; about 9% of enlisted women and 5% of officer women are pregnant at any point-in-time (snapshot), and about 11% of Navy women became

pregnant in FY11. Thirty-seven percent of enlisted and 75% of officer pregnancies are planned, with 38% of enlisted and 14% of officer women being single at the time they became pregnant. Few women assigned to shore or non-deployable units have orders to a ship or deployable unit when they become pregnant; those assigned to deployable units are most likely to be either not deployed, just returned from a deployment, or in a pre-deployment cycle when they become pregnant. Most officer women and almost half of enlisted women are not required to transfer or move as a result of their pregnancy. On average, women use about 50 days of leave (42 days convalescent and 8 days annual leave combined) after they give birth (enlisted men, on average, use 10 days of annual leave in addition to 10 days of paternity leave, while male officers use 4 additional days of annual leave beyond their paternity leave). Most women are able to successfully complete their next regularly scheduled PFA after the expiration of their pregnancy waiver.

Single parenthood rates are similar to 2010 rates; there are about 14,000 single Navy fathers and 6,000 single Navy mothers (6% of Navy men and 13% of Navy women). As before, women are more likely than men to have sole custody of their children. Sixty percent of enlisted women and almost 50% of enlisted men were unmarried when their child was born; most men officers and just over half of women officers became single parents through divorce. Although compliant with OPNAVINST 1740.4D, U.S. Navy Family Care Policy (which designates child care arrangements in the event of a deployment) is not 100%, most single parents and dual-military parents do have some type of child care plan in place in case they are deployed.

Attitudes towards family planning are similar to previous results; about 20% believe a Navy woman should have a child "whenever she wants." About half of Navy men and women indicate their sea/shore flow is good for family planning. Birth control usage is similar to previous years, with the pill and/or the condom being the most frequently used form of birth control. About half of Navy women know about long-acting reversible contraceptives (LARC) and discussed them at their last physical exam; about one-third of enlisted Navy women or partners of enlisted Navy men usually use a LARC (lower for officers). About one-fourth of those who do not use birth control (21% of enlisted women, 27% of enlisted men, 8% of women officers, and 25% of men officers) indicate they do not use it because they do not want to use birth control.

Historically, personnel received sexual health training at GMT; the majority of Navy men and women received training on STIs/STDs and most men received training about birth control methods at GMT. Noticeably fewer indicate they are receiving sexual health training at GMT in this survey administration. However, because Sailors get training from other venues, there has not been a resulting increase in the number indicating they never receive training. Most respondents suggest that sexual health training should occur at Boot Camp (almost three-fourths of enlisted respondents), GMT (over 60% of all groups), and OCS/USNA/ROTC (almost 60% of officers), and should be done annually at either the physical exam or during command training.

Trends over the last 12 or more years show consistent findings (within a 10 percentage point window) in six key areas: (1) point-in-time and annual pregnancy rates have been relatively stable since 1992; (2) rates of pregnancy planning have been consistent for both enlisted (currently 37%) and officers (currently 75%); (3) rates of

single parenthood and single parent custody have been consistent since 1999 (currently 6% of Navy men and 13% of Navy women are single parents); (4) completion of the Family Care Plan has been consistent for women (currently almost 80%), while it has increased for men (currently about 50%) since 2001; (5) results for questions asked about family planning attitudes have been similar since 2001; and (6) about two-thirds of enlisted and over three-fourths of officers usually use birth control, similar to rates found since 1997.

Recommendations

Based on the results of the survey, a number of general recommendations are offered:

- Publicize survey results
 - Produce NAVADMIN or NAVMSG to those who participated
 - Provide press release to *Navy Times* and other media outlets
 - Post consolidated results on the OPNAV N134W website
 - Provide follow-on briefings to Assistant Secretary of the Navy (Manpower and Reserve Affairs), Navy Bureau of Medicine, CNP, MCPON, MPT&E FLTCM, N17, Navy Preparedness Alliance, and others as requested
- Provide briefing on Navy pregnancy and parenthood policies at officer and enlisted leadership courses/symposiums
- Utilize survey results to impact retention challenges

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Introduction

Women officially have been part of the Navy since 1908, although they were unofficially involved with the military before that (NPC, 2014d; Manning, 2013). Initially, they were nurses, with the US Navy Nurse Corps established in May of 1908. In 1917, women were enlisted into the Navy as Yeoman(F), providing the Navy with women for clerical and similar shore-based support as well as medical support. The use of women for shore duty in the Navy expanded greatly in World War II with what became known as the Women Appointed for Voluntary Emergency Service (WAVES), and the Women's Armed Services Integration Act in 1948 enabled women to serve in the regular active duty (in small numbers, with many restrictions). Opportunities broadened greatly for Navy women during the 1970s and 1980s (USNA admission and ROTC participation (Manning, 2013), continuation in the Navy when pregnant (SECNAV, 1987), assignments to non-combatant aircraft and ships (Manning, 2013)). Women now are 17% of the active force and about 23% of the recruiting goals for FY14 and FY15 (NPC, 2014c), and assignable to all ships and squadrons and all occupations unless exemptions are approved by 1 January 2016 (SECDEF, 2013)).

As with policies about the assignment and retention of women in the Navy, policies specifically about pregnancy and the management of pregnant women have changed through the years. Originally, pregnancy or the care of young children was cause for separation of a woman from service. In 1971, the Department of Defense mandated that women not be discharged for pregnancy, although they could still request to leave (CNO, 1985). The Navy instituted its first policy (OPNAV 6000.1 series) specifically addressing the administrative management of pregnant servicewomen in 1985. The policy indicated that, "The normal pregnant servicewoman is not to be considered either an invalid or nonfunctional..." (CNO, 1985). Additionally, the policy stated, "...there shall be no preferential treatment given due to pregnancy status...", however, the woman would be exempt from physical fitness training and testing, exposure to chemical agents, field and weapons training, swimming, and diving, and aviation duties (CNO, 1985). Pregnant women might be placed in a light duty status around the 38th week of pregnancy if not prescribed earlier by the attending medical officer. Women were allowed a maximum of 30 days convalescent leave for uncomplicated deliveries. Those assigned to shipboard duty could not remain aboard ship beyond the 20th week, nor when underway, and might be reassigned earlier (noncombatant evacuation for those pregnant 18 weeks or more). Shipboard assignments were deferred up to six months following delivery. If women became pregnant to avoid duties, appropriate disciplinary action might be taken. The policy included discussion about maternity care available if a member elects to leave military service while pregnant. Abortions were not covered under military medical policies except when the life of the mother was in danger.

In 1989, the policy was updated to include that separation requests would not normally be approved (CNO, 1989). Additional details were added to account for particular assignments (all diving prohibited, pregnancy was disqualifying for aviation assignments but waivers might be possible in early pregnancy, assignment for training would be possible so long as delivery would occur after training or training could be

stopped and restarted after delivery, medical evacuation from a ship to a medical facility had to be possible within 3 three hours, those assigned to overseas duty had to be reassigned prior to the 20th week if there was no OB/GYN care available). Weeks of pregnancy and deadlines were modified; no shipboard assignments were allowed for four4 months after the birth (down from six6 months), noncombatant evacuation had to occur for those at 20 weeks or more (up from 18), and 42 days of convalescent leave were available (an increase from 30 days previously). A paragraph was added about breastfeeding, and additional verbiage was included that women were responsible for planning their pregnancy to meet both military and family obligations (replacing the mention of disciplinary action for those who became pregnant to avoid duties).

The 2003 update basically mirrored the 1989 instruction. Commanding Officers (CO's) were responsible for ensuring that pregnant women were not harassed in any way, and that mention of pregnancy was not included in the comments section of a performance evaluation (CNO, 2003). Also, several time limits changed from the 1989 version of the policy: the time to reach a medical facility was increased from three3 hours to six hours, to allow COs flexibility for short periods underway; overseas rotations were delayed to four months after giving birth, up from 60 days; and a woman had to inform her command within two weeks of receiving confirmation of her pregnancy (no time limit given previously). Changes were made to reflect the increased use of women in the Navy (e.g., "shipboard assignments deferred" was broadened to "transfers deferred"; new wording about solo flight or flights in aircraft with ejection seats) and the increase in women veterans (discussion about maternity benefits available through the VA). Civilian housing became a requirement if requested from the 20th week, whereas it had previously been on a case-by-case basis, and women could move into military housing if available. Spontaneous abortions were mentioned, as well as a paragraph about consultation after an abortion, specifically relating to the potential need for further medical care. Discussion about breastfeeding increased, to include the need for providing information about breastfeeding to the new mother and the need for private and clean rooms with running water and refrigeration for breast milk expression.

The current version (CNO, 2007b) modified and expanded on the 2003 version. Previous versions were laid out with responsibilities of the woman, the commanding officer CO, and the medical provider; the new version has one section dealing with all components of pregnancy and adds a section dealing with parenthood. There are now references to the reserve component as well as duties of chaplains (counsel/advise), JAG (assistance in establishing paternity and/or gaining child support, and adoption legalities), and the training command (training for sexually responsible behavior as well as family planning). The largest change for pregnancy is that transfers have been deferred for 12 months after delivery, an increase from 4four months. There are also more details about an exercise program while pregnant and additional discussion about breastfeeding (the benefits of, the encouragement to exclusively breastfeed for 6six months, and general statements about time needed to express breast milk). Additionally, pre-paid abortions for those who are stationed overseas and were raped or involved in incest are discussed, as well as that surrogacy is not authorized while in the Navy.

The parenthood section of OPNAVINST 6000.1C discusses leave for fathers as well as leave for adoption. Additionally, at least one parent (in the case of dual-military couples) is exempt from transfers for four months after the adoption. Counseling about parenthood in general is mentioned throughout the section, including counseling about the enduring responsibilities of parenthood, discussions about the housing options available, and legal issues that may arise. Three topics are mentioned that were not mentioned in previous iterations of the instruction, likely due to increasing research and awareness in the civilian community: in vitro fertilization (and the impacts of treatments on the Navy), postpartum depression, and Shaken Baby Syndrome prevention.

While OPNAVINST 6000.1C discusses parenthood, there is another series of instructions related to family, specifically single parents and dual military parents. In 1984, the U. S. Navy Single Sponsor/Military Couple with Dependents Care Policy was released (CNO, 1984). It provides guidance for single parents and dual military couples in developing a family care plan for any children under 19 years of age should the military member have to deploy on short notice. It indicates that noncompliance may lead to separation from service. The 1996 version of the policy (OPNAVINST 1740.4A) includes the Family Care Plan Coordinator, a collateral duty to maintain information, counsel members on the importance of maintaining a family plan, and review Family Care Plans for adequacy each year (CNO, 1996).

The third version of the policy was generally similar to OPNAVINST 1740.4A, but mentioned that personnel could not regain custody while in their first enlistment, provided more details about separation from service, and included information on the training of the Family Care Plan Coordinator (CNO, 2004).

The next version, OPNAVINST 1740.4C, included a number of references to legal issues (CNO, 2007a). For example, the policy indicates that there may be challenges to custody rights and the Family Care Plan has no impact on those, mentions legal issues that might occur if a minor is relocated without consent of the other parent, discusses the need for legal custodial paperwork in the event of the service member's death, and indicates that the Family Care Plan Coordinator may need to work with legal representatives and that legal paperwork may need to be included with the Family Care Plan. In addition, the definition of single parent was broadened to include those with shared custody, signatures from all custodial parties would be needed on the form itself as well as the supporting (legal) documentation, and those with six months or more of obligated service could be administratively separated for non-compliance (previously those with a year or more remaining in their obligated service).

The current version, OPNAVINST 1740.4D, includes somewhat less on the legal warnings, administrative separations, and what service members should be remembering to discuss with their caregivers. Because of changes in OPNAVINST 6000.1C, this instruction also includes that mothers of newborns have a 12 month deferment (CNO, 2009).

In order to assess rates of pregnancy and parenthood, as well as gather data on related issues, surveys have been conducted since the Secretary of the Navy directed a study group be convened to look at women in the Navy, including their utilization within

the Navy, sexual harassment and fraternization issues, and their quality of life (SECNAV, 1987). This group provided a number of recommendations relating to the various issues, and one recommendation relating to pregnancy was to study pregnancy in the Navy, specifically “...leadership, command climate, job satisfaction, pregnancy/parenthood training and seniority.” (SECNAV, 1987, page 2-51) This pregnancy study has been repeated about every two years, as institutionalized in SECNAVINST 1000.10 series (SECNAV, 1995; SECNAV, 2005). Results from the previous studies are presented in Thomas and Edwards (1989), Thomas and Uriell (1998), Thomas and Mottern (2002), Uriell (2004), Uriell and White (2005), Uriell and Burrell (2007), Uriell and Burrell (2009), and Uriell and McElyea (2013).

Method

The 2012/2013 Pregnancy and Parenthood Survey was an online survey. The previous version of the survey was updated to address new issues of interest. As in previous years, both women and men received the same questions, except where gender specific wording changes were required (e.g., “I did not want to father a child” for men was changed to “I did not want to get pregnant” for women). Women also received an additional section addressing pregnancy. See appendix A for the survey questions.

Respondents were randomly selected from the current (as of the end of August 2012) roster of active duty service members. Population numbers and expected response rates were input into the Armed Services Surveys Sample Planning Tool (Kavee & Mason, 2001) to determine optimal sample numbers needed for desired margins of error. Stratifying the sample across gender and paygrade (E2-E9, O1-O5) yielded a sample of 25,699. To minimize overlap with other large-scale, Navy-wide surveys being planned, a permanent random number (PRN) was assigned (for details on PRN, see Creel, Jang, Kasprzyk, & Williams, 2002; Ohlsson, 1995; and Srinath & Carpenter, 1995) and respondents were only selected from specific portions of the PRN spectrum, where possible. Some of those selected did not have valid addresses, so only 15,284 women and 10,083 men were sent participation letters.

Paper letters were mailed to respondents (see appendix B). These letters included the link to the survey as well as the respondent’s unique login information, which was randomly generated and could be used to save and resume the survey as needed but could only be used once for a complete survey response. In addition, an insert was included with the first letter to provide the purpose of the survey (see appendix C).

The initial letter was sent 21 November 2012, the first reminder was sent 28 January 2013, and the 2nd second reminder was sent 21 March 2013. Prior to the 2nd second reminder being sent, it was determined that the return rate was lower than expected. The decision was made to eliminate the third reminder and to instead use a Navy Message (in essence, a message sent to each command that had at least one person who was selected to participate) in case the low return rate was due to problems in the

mailing process. Appendix D contains the message template used to send these messages on 2 April 2013; conducting a mail merge with this template created messages unique to each command that contained a list of those at that command who had been selected to participate.

All elements of the research were approved by the Navy Personnel Research, Studies, and Technology Institutional Review Board to determine the impact on human subjects (NPRST-2011-0020-F). Additionally, all elements were also routed through the Navy Survey Approval Office and, because of the minimal changes from the previously approved survey, were approved under the existing OPNAV RCS 6300-1, which expired 31 July 2013.

Results

The full briefing of results is available in Appendix E. An executive-level version of the briefing was also created, available at Appendix F. Retention results (slides 6-12 of Appendix E) are expected to be published in a separate report so will not be discussed here.

A total of 5,191 Sailors accessed the website. Those who did not complete at least 50% of the common questions or who did not provide gender and paygrade information were dropped from analyses, yielding useable data from 3,252 women and 1,886 men. Data were weighted to reflect the Navy population with the gender and paygrade strata.

Normally, mail-out surveys have letters that are returned unopened for various reasons, and a count of these is used in determining the response rate. Because a Navy Message was used for this project, the number considered as “return to sender” is based upon calls and emails made by the commands to indicate that someone was not available to do the survey. Based upon American Association for Public Opinion Research guidelines for computation of response rate, the weighted response rate was 26% for women and 25% for men. This is slightly lower than in previous years but comparable to response rates found throughout the military (see, for example, DMDC, 2013).

Maximum margins of error were computed for overarching questions for both women (+/- 2.8%) and men (+/-3.9%). To determine statistical differences from the previous administration, current and 2010 results were compared to look for non-overlapping margins of error.

Results presented here are generally comparable to previous administrations. Where large trend changes occur, additional data will be presented.

Family Planning Attitudes

Respondents are asked a number of questions about their attitudes towards family planning in general. Most (from 90% of enlisted women to 94% of officer women) indicate that it is at least slightly true for them to use birth control until getting married, with slightly fewer believing it is important to use birth control after getting married

(from 81% of enlisted men to 89% of officer men). However, only 60% of enlisted women and 30% of enlisted men (78% of officer women and 44% of officer men) indicate that it is not at all true that they would have sexual intercourse without birth control if their partner wanted them to (see Table 1).

Table 1
Family Planning Attitudes

	Women					Men				
Enlisted										
	Not at all true of me	Slightly true of me	Somewhat true of me	Mostly true of me	Completely true of me	Not at all true of me	Slightly true of me	Somewhat true of me	Mostly true of me	Completely true of me
I think it is important to use birth control until getting married.	10%	7%	14%	17%	52%	8%	4%	16%	18%	53%
I think it is important to use birth control after getting married.	a	a	a	a	a	16%	8%	21%	16%	22%
I have had sexual intercourse without using birth control even though I did not want to father a child/get pregnant.	41%	12%	14%	9%	25%	36%	11%	15%	9%	29%
I would have sexual intercourse without birth control if my partner wanted me to.	60%	11%	11%	5%	13%	30%	14%	18%	11%	27%
When a birth control method is not available, I believe you just have to take a chance and hope that a pregnancy does not result.	83%	6%	6%	2%	3%	65%	12%	12%	4%	7%
I make it my responsibility to discuss birth control with my partner.	6%	5%	9%	13%	68%	8%	6%	15%	17%	54%
I think it is important for men to get involved with birth control.	5%	3%	9%	14%	70%	6%	6%	13%	18%	57%
My most recent partner encouraged use of birth control.	17%	5%	10%	10%	57%	18%	6%	13%	13%	50%
Birth control is the responsibility of the woman.	39%	10%	17%	11%	22%	57%	11%	16%	6%	9%

	Women					Men				
Officer										
	Not at all true of me	Slightly true of me	Somewhat true of me	Mostly true of me	Completely true of me	Not at all true of me	Slightly true of me	Somewhat true of me	Mostly true of me	Completely true of me
I think it is important to use birth control until getting married.	6%	4%	7%	12%	71%	8%	3%	6%	15%	67%
I think it is important to use birth control after getting married.	a	a	a	a	a	10%	8%	15%	16%	41%
I have had sexual intercourse without using birth control even though I did not want to father a child/get pregnant.	64%	16%	8%	3%	10%	47%	17%	12%	5%	18%
I would have sexual intercourse without birth control if my partner wanted me to.	78%	9%	5%	3%	5%	44%	16%	11%	9%	20%
When a birth control method is not available, I believe you just have to take a chance and hope that a pregnancy does not result.	93%	4%	2%	1%	1%	82%	9%	5%	2%	3%
I make it my responsibility to discuss birth control with my partner.	4%	2%	5%	9%	79%	4%	4%	8%	15%	70%
I think it is important for men to get involved with birth control.	3%	2%	6%	10%	78%	3%	3%	6%	12%	77%
My most recent partner encouraged use of birth control.	7%	3%	7%	9%	75%	9%	5%	7%	12%	68%
Birth control is the responsibility of the woman.	37%	12%	22%	13%	16%	78%	9%	9%	2%	2%

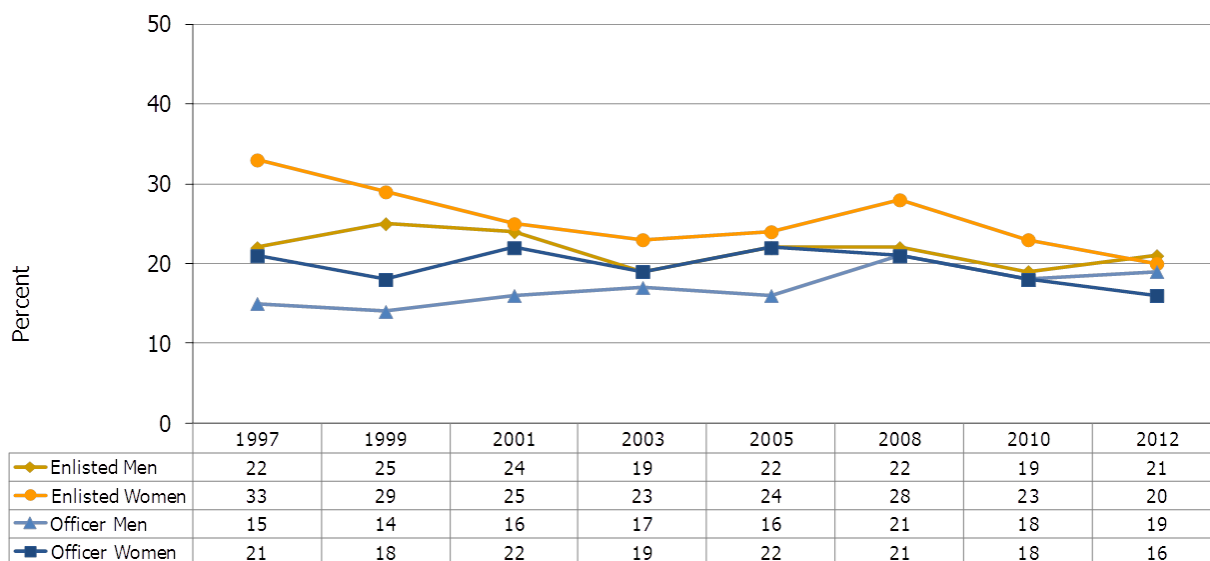
Note. a=Results not available due to programming error.

The survey included questions about family planning while in the Navy. One question asked when a Navy woman should become pregnant. Answers ranged from “Never, being in the Navy and motherhood are not compatible” to “Whenever the woman wants a child.” Table 2 shows results for all answer choices. The answers most preferred by respondents were “During shore duty, but not after getting orders to sea duty” and “After receiving orders to shore duty, if the ship/squadron is not deploying.”

Table 2
When in a Navy Career Should a Woman Become Pregnant

	Enlisted		Officer	
	Women	Men	Women	Men
Never; being in the Navy and motherhood are not compatible	15%	14%	12%	11%
Whenever the woman wants a child	20%	21%	16%	19%
After her first operational tour	3%	4%	6%	8%
During shore duty, but not after getting orders to sea duty	36%	33%	41%	39%
While on sea duty	0%	1%	0%	0%
After receiving orders to shore duty, if the ship/squadron is not deploying	25%	26%	24%	24%

Historically, survey results have tracked the least career-minded answer choice (“Whenever the woman wants a child”); enlisted women are less likely and men officers more likely to select this answer than in 1997 (see Figure 1).



**Figure 1. A Navy Woman Should Have a Child
“whenever the woman wants a child”**

Navy personnel spend periods of time (tours) assigned to shore or sea-going commands. For enlisted, the length of these tours depends upon the number of positions (billets) available in each job field (rating), so are periodically adjusted to account for creation and decommissioning of commands, realignments, etc. NAVADMIN 361/12 (CNO, 2012) contains the latest update to this enlisted sea-shore flow. Officer sea-shore rotation is dependent upon the career paths within their community (job field).

Respondents were asked if their sea/shore rotation is adequate for family planning. Sixty-five percent of men officers indicate that it is, as compared with 42% of enlisted women, 49% of enlisted men, and 48% of women officers. Significantly more women (both enlisted and officer) said that it is not, up to 39% for enlisted and 33% for officers (from 32% and 28%, respectively, in 2010). For women officers, there was also a significant decrease in the percent indicating that it is adequate for family planning (down from 54% in 2010).

When asked if they had discussed family planning while in the Navy with anyone, almost half of men and 41% of enlisted women indicated they had not (see Table 3). When asked separately if they had had a family planning discussion with a medical provider in the past year, 15% of enlisted men and 13% of men officers had, compared to 33% of enlisted women and 29% of women officers.

Table 3
People with Whom Sailors Discuss Family Planning

	Enlisted		Officer	
	Women	Men	Women	Men
	2012	2012	2012	2012
Mentor	18%	15%	25%	17%
Chaplain	3%	5%	3%	7%
Friend	43%	33%	54%	35%
Family Member	42%	35%	47%	38%
FFSC Counselor	4%	5%	2%	1%
Career Counselor	5%	5%	1%	1%
No one	41%	49%	32%	46%
Other	11%	7%	12%	7%

Note. "Have you discussed how to plan a family while in the Navy with any of the following people?"

Multiple responses allowed.

Birth Control

The majority of women (78% of enlisted and 70% of officers) discuss birth control with medical providers and have done so in the previous year. Men are less likely than women to have discussed birth control with medical providers in the last year (18% of enlisted and 15% of officers), and enlisted men indicated they are most likely to receive birth control training from General Military Training (GMT) within the last year (31%) or more than a year ago (17%). As seen in Table 4, the percentage receiving training about birth control seems to be lower, even beyond the recode of the "other" category that was done in 2010.

Table 4
Sources of Training in Methods of Birth Control

	Enlisted				Officer			
	Women		Men		Women		Men	
	2010	2012	2010	2012	2010	2012	2010	2012
At GMT, within the last year	33%	17%*	46%	31%*	23%	13%*	31%	22%*
At GMT, more than 1 year ago	16%	9%*	24%	17%*	14%	8%*	33%	25%*
Physician	61%	54%*	29%	22%*	57%	59%	31%	26%*
Nurse Practitioner/Physician's Assistant/Medical Officer**	59%	51%*	21%	15%*	48%	48%	19%	13%
Independent Duty Corpsman	19%	16%	20%	15%*	9%	8%	14%	13%
Corpsman	27%	31%	25%	25%	6%	7%	11%	10%
Personal Research	--	38%	--	23%	--	39%	--	31%
QuickSeries© flipbook	--	2%	--	1%	--	1%	--	1%
Other	6%	18%*	7%	17%*	10%	21%*	9%	22%*
Never	4%	6%	21%	22%	10%	6%*	20%	17%

Note. "From which of the following sources have you received training in methods of birth control?"

Multiple responses allowed.

In 2010, the "Other" answer included a write-in space and responses were recoded if they fit into existing categories.

** Significant difference between 2010 and 2012.*

*** Wording changed in 2008 to include Medical Officer.*

When asked about preferred venues and timing of sexual health training, the largest agreement was that sexual health should be taught at Boot Camp and GMT (Table 5), on an annual basis either at physical exams or during command training (Table 6). According to the schedule for GMT in FY 2014 (CNO, 2013), Sexual Health and Responsibility is a "Category Two" training, meaning it may be completed face-to-face at the discretion of the unit commander or may be completed on-line, but completion of that part of GMT has been waived for the FY.

Table 5
Suggested Sources of Training about Sexual Health Issues

	Enlisted		Officer	
	Women	Men	Women	Men
Boot Camp	75%	72%	67%	66%
Leadership Courses	48%	42%	44%	39%
OCS/USNA/ROTC	30%	27%	60%	56%
GMT	58%	61%	64%	63%
Command Leadership	48%	45%	33%	27%
Other	19%	13%	23%	21%

Note. "Where do you think you should learn about sexual health issues?"
Multiple responses allowed.

Table 6
Suggested Frequency of Training about Sexual Health Issues

	Enlisted		Officer	
	Women	Men	Women	Men
Once in a career	5%	10%	5%	11%
Every reenlistment/obligation	8%	11%	6%	6%
Annually during physical exam	72%	53%	75%	52%
Annually during command training	51%	52%	46%	44%
Only when I ask for information	12%	16%	11%	17%
Other	6%	6%	6%	8%

Note. "How often do you think you should receive training about sexual health issues?"
Multiple responses allowed.

The majority of Sailors do indicate that they usually use some form of birth control (see Figure 2), although rates for women are noticeably lower than in 2010 (now 79% of officer women and 69% of enlisted women) with enlisted women having the lowest rates since the first time the question was asked.

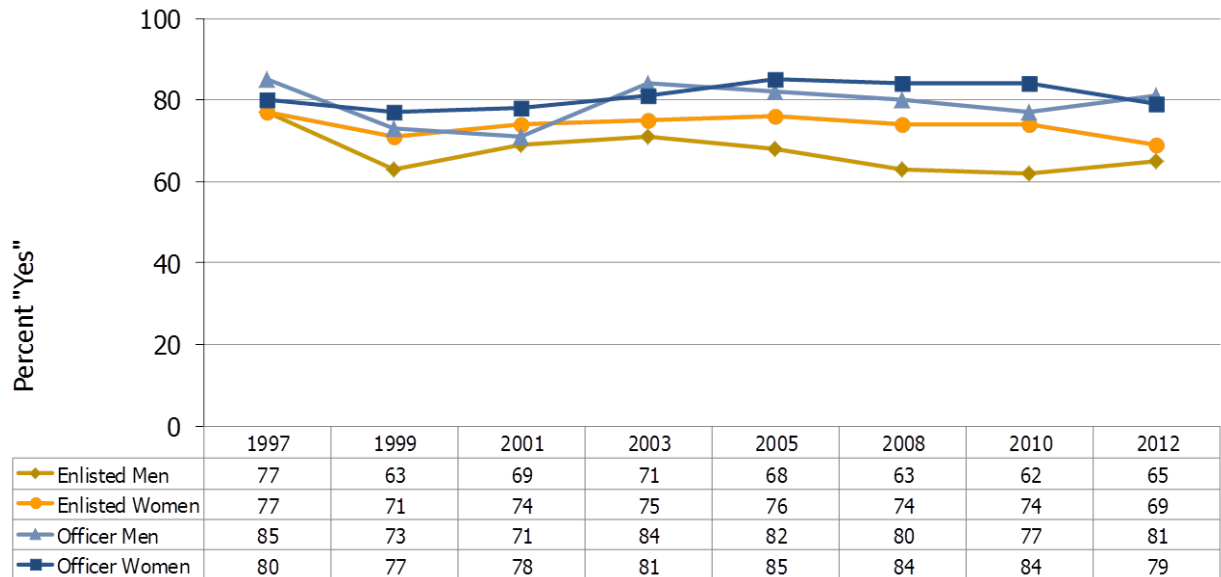


Figure 2. "Do you or your partner usually use a form of birth control?"

Table 7 provides reasons why personnel are not using birth control on a regular basis. The largest percentage indicates it is because they are already pregnant or are trying to have a child. However, 25% of men and 21% of enlisted women who do not use birth control indicate they do not want to use it.

Table 7
Reasons for Not Using Birth Control

	Enlisted		Officer	
	Women	Men	Women	Men
Do not have sex	18%	19%	22%	9%
Not Fertile	6%	5%	6%	10%
Religion or personal beliefs do not permit	3%	4%	11%	15%
Do not want to	21%	27%	8%	25%
Not comfortable discussing or getting	3%	7%	1%	2%
Pregnant or trying to get pregnant	30%	23%	40%	28%
Other	20%	15%	13%	11%

Note. "Why Don't You Use Birth Control?"

Only includes those who indicated they do not usually use birth control.

The CDC has published a simple chart showing effectiveness rates of the different contraceptive methods (CDC, n.d.). Table 8 shows the birth control methods used by Navy men and women. Enlisted are most likely to use condoms, which is one of the less effective methods according to CDC, but they may be using them with other methods, such as the pill. Officers are more likely to have vasectomies than the enlisted population. Most women (87% of enlisted and 83% of women officers) obtain their birth control from a Navy medical provider, with 75% of enlisted women and 78% of women officers indicating they also get birth control over the counter. Men are most likely to obtain their chosen birth control over the counter (49% of enlisted and 41% of officer), with another third (33% enlisted and 38% officer) obtaining birth control from a Navy medical provider.

Table 8
Methods of Birth Control

	Enlisted		Officer	
	Women	Men	Women	Men
Tubal ligation/Essure/Hysterectomy	4%	8%	6%	9%
Vasectomy	5%	11%	10%	23%
Rhythm method	2%	4%	4%	7%
Withdrawal	17%	18%	12%	13%
Continuous breast-feeding	2%	1%	3%	3%
Birth control implant	12%	10%	3%	2%
IUD	18%	14%	16%	12%
IUS	3%	2%	3%	0%
Birth control pill	37%	45%	46%	35%
Birth control patch	5%	3%	2%	1%
Birth control ring	6%	5%	8%	5%
Birth control shot	8%	8%	1%	1%
Diaphragm/shield/cap	0%	0%	0%	1%
Condom	50%	58%	38%	43%
Female condom	1%	1%	0%	0%
Sponge	0%	0%	0%	0%
Spermicidal foam or jelly	1%	2%	1%	2%
Other	0%	1%	1%	1%

Note. "What Method(s) of birth control do you or your partner usually use?"

Multiple responses allowed. On the 2008-2012 surveys, hysterectomy was listed as a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.

As seen in Table 8, there is still a relatively small proportion opting for the three long-acting reversible contraceptives (LARCs): the birth control implant, the IUD, and the IUS. The survey included questions about women's knowledge of LARCs. About half (51%) of enlisted women and 31% of women officers discussed LARCS at their last physical exam. Forty-four percent of enlisted women and 31% of women officers indicate they have had a conversation about LARCs with someone outside the medical field, and 65% of enlisted women and 55% of women officers feel they understand the advantages and disadvantages of LARCs enough that they could explain them to other women.

The survey asked respondents about their comfort level with (a) getting and (b) discussing birth control with various types of medical providers. Results for the two questions for each type of provider were similar, so only results for comfort with getting birth control are provided in Table 9. Respondents tend to be most comfortable with physicians, nurse practitioners, and physician's assistants, and least comfortable with medical personnel aboard ship, who may be enlisted hospital corpsman. The lower level of comfort with shipboard medical personnel is most noticeable for women officers. About half of enlisted and almost 1/3 of officers would feel more comfortable getting birth control from a civilian provider than from a military provider.

Table 9
Comfort in Getting Birth Control

	Enlisted		Officer	
	Women	Men	Women	Men
I would feel comfortable getting birth control from a military physician/nurse practitioner/ physician's assistant.	86%	77%	96%	87%
I would feel comfortable getting birth control from an Independent Duty Corpsman.	72%	72%	69%	73%
I would feel comfortable getting birth control from the medical personnel aboard ship.	71%	70%	75%	74%
I would feel more comfortable getting birth control from a civilian health care provider than with a military health care provider.	44%	45%	29%	30%

Note. "Please indicate how well each statement reflects your beliefs."
Percent "Agree" or "Strongly Agree"

Additional knowledge questions about birth control in general were included on the survey. Table 10 shows the questions that were asked; the actual answer is included beside it here but was not available to the respondents. For most of the questions, respondents were close to accurate; most know that women can become pregnant during their menstrual period, birth control medicines do not lead to cancer, and all methods of birth control are not equally effective. About 1 in 5 enlisted personnel incorrectly believe that almost all women who use the birth control pill gain weight.

Table 10
Birth Control Knowledge

	Enlisted		Officer	
	Women	Men	Women	Men
When used properly, condoms are just as effective as the pill in preventing pregnancy. (F)	66%	69%	57%	69%
Women cannot get pregnant during their menstrual period. (F)	8%	14%	10%	16%
Birth control medicines lead to cancer. (F)	8%	8%	6%	5%
If a woman misses 2 or more pills in a row, she must use an additional method of birth control along with the pill for the remainder of the month to be safe. (T)	69%	38%	86%	51%
Almost all women who take the birth control pill gain weight. (F)	24%	20%	13%	10%
All methods of birth control are equally effective. (F)	13%	8%	3%	2%

Note. "Indicate whether you believe each of the following statements is true, false or you don't know."

Percent "True"

Two questions show the inaccurate knowledge of Sailors. About two-thirds of the Navy incorrectly believes that condoms are as effective as the pill in preventing pregnancy. Women (especially women officers) are more likely than men to know that additional methods of birth control are required if a woman misses 2 or more pills in a row; only 38% of enlisted men know this is true.

Respondents were also asked about emergency contraception, both their awareness of and use of as a primary birth control method. The survey included a brief description: "Emergency contraception involves taking a specified dosage of birth control pills within 72 hours of unprotected sex, sometimes followed by a second dosage 12 hours later." The survey also mentioned the common names available behind the counter in the United States at the time of the survey: Plan B One Step, Next Choice, Levonorgestrel, or ella (see, for example, the DHHS fact sheet available at <http://www.womenshealth.gov/publications/our-publications/fact-sheet/emergency-contraception.pdf>). Table 11 shows that women (89% of enlisted and 96% of officers) tend to be more knowledgeable about emergency contraception than men (65% of enlisted and 82% of officers), possibly because the pills are taken by women.

Emergency contraception is not commonly discussed during physical exams, and about one-third of women and one-fifth of men know whether emergency contraception is available where they are stationed. The DHHS fact sheet indicates that emergency contraception should not be the regular birth control and that other methods are more effective. Respondents were asked if they used emergency contraception as a primary birth control method; few indicated that they do.

Table 11
Emergency Contraception

	Enlisted		Officer	
	Women	Men	Women	Men
Prior to this survey, I knew what emergency contraception was.	89%	65%	96%	82%
During my last physical exam, emergency contraception was discussed.	16%	3%	3%	1%
Emergency contraception is available where I am currently stationed.	39%	20%	32%	18%
I use emergency contraception as a primary birth control method.	2%	4%	1%	1%

Note. "Regarding emergency contraception, which of the following statements are true for you?"

Percent "Yes"

Don't know option included in analyses.

As emergency contraception is available without prescription to adults, Navy personnel were only asked about their comfort level in discussing emergency contraception with medical providers (Table 12). About 2/3 are comfortable discussing with physicians, nurse practitioners, and physician's assistants. Slightly less (about half) are comfortable with discussing emergency contraception with Independent Duty Corpsman, with women officers being the least comfortable (43%). The majority would feel comfortable with a civilian provider, slightly higher than the comfort levels seen for the equivalent military provider.

Table 12
Comfort in Discussing Emergency Contraception with Medical Providers

	Enlisted		Officer	
	Women	Men	Women	Men
I would feel comfortable discussing Plan B with a military physician/nurse practitioner/physician's assistant.	64%	61%	69%	64%
I would feel comfortable discussing Plan B with an Independent Duty Corpsman.	54%	57%	43%	51%
I would feel comfortable discussing Plan B with a civilian physician/nurse practitioner/physician's assistant.	77%	67%	80%	67%

Note. Don't know not included in analyses.
Percent "Agree" or "Strongly Agree"

Pregnancy

Pregnancy rates are determined in three different ways. The first way is based upon respondents who indicate they are currently pregnant. Figure 3 shows the point-in-time rates for enlisted and officer women by paygrade group.

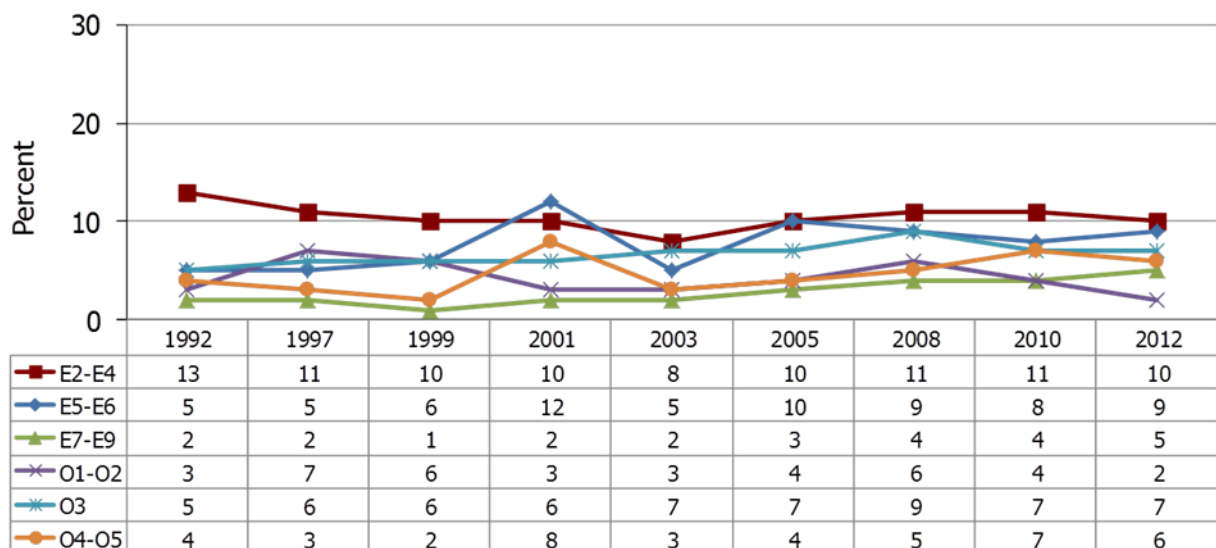


Figure 3. Point-in-time Pregnancy Rates

Considering women are most fertile before 30 (American Society for Reproductive Medicine, 2012), it is not surprising that rates are highest for E5 and below, women who, on average are younger than 30 (see Table 13). Officer rates are lower than those for enlisted, and the youngest women officers are the least likely to be pregnant, both phenomenon also found in civilian populations for women with college educations (U. S. Census Bureau, 2011).

Table 13
Age by Paygrade

Paygrade	N	Min	Max	Mean	SD
E2	2869	18	36	21.05	2.11
E3	7626	18	40	22.84	3.00
E4	11397	19	45	24.52	3.29
E5	8936	20	52	27.86	3.95
E6	5560	23	59	33.84	4.78
E7	2106	27	62	37.33	4.40
E8	407	30	57	41.21	4.32
E9	146	34	61	46.92	4.65
O1	832	21	44	26.34	3.95
O2	1192	23	44	27.68	3.91
O3	3071	25	56	32.37	5.02
O4	1538	29	61	39.01	4.90
O5	751	36	63	45.18	5.31

Note. Using data file extract from October 2013.

Another way to look at pregnancy rates is annually. Respondents were asked if they had become pregnant in the last fiscal year. Figure 4 shows the annual rates for enlisted and officer women. Rates for enlisted women have fluctuated somewhat but are now at almost the lowest level since this question has been asked. Rates for women officers have been steadier than for enlisted women. Within the civilian population, the pregnancy rate for 2009 was 10.2%, with rates of 15.4% for those 20-24 and 16.2 for those 25-29 (Curtin, Abma, Ventura, & Henshaw, 2013).

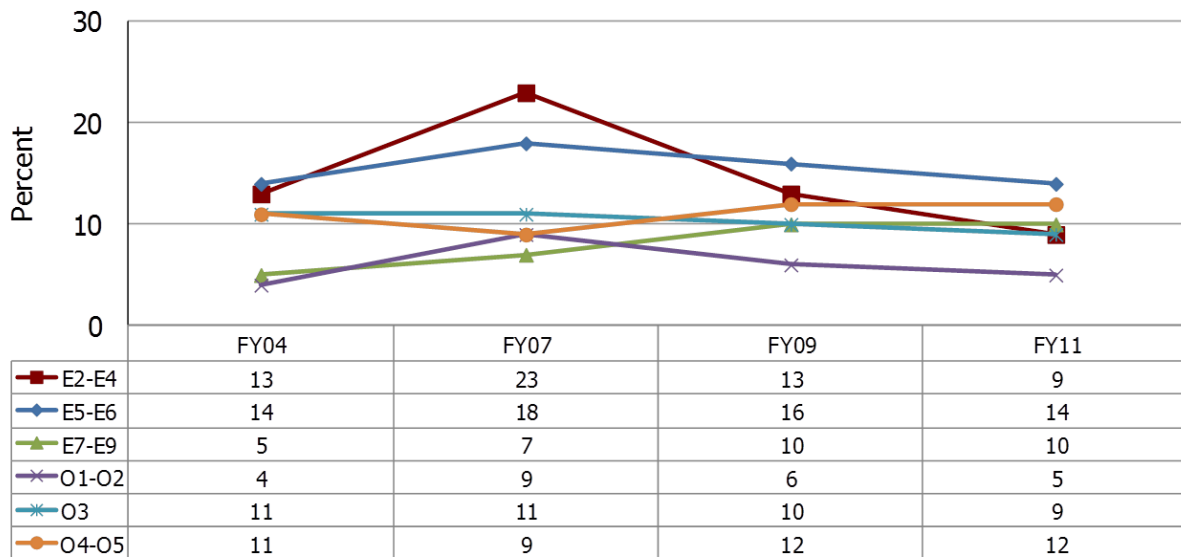


Figure 4. Annual Pregnancy Rate

Additional pregnancy findings are based upon those who had ever been pregnant while in the Navy (40% of enlisted and 37% of officers). The remainder of the pregnancy results reflects the most recent pregnancy while in the Navy.

Most of the fathers of Navy babies are in the military (71% of enlisted, 52% of officer), and most of the mothers are married when they become pregnant (62% of enlisted and 86% of officers). Few women (29% of enlisted and 13% of officers) were using birth control when they became pregnant. Thirty-seven percent of enlisted women and 75% of women officers planned their pregnancy, similar to previous results, and on average, not that dissimilar from civilian population planning (49%, Guttmacher Institute, 2013) or from other Navy findings through the Health Risk Assessment that one in four Sailors are at risk for unplanned pregnancies (presented to DACOWITS, 2013).

Most women are assigned to shore activities/commands when they become pregnant, as indicated in Table 14; few (15% of enlisted and 17% of officers) had orders to their next command. Of those assigned to shore commands, 5% of enlisted and 2% of officers had orders to a ship or deployable squadron when they became pregnant. Of those assigned to a ship or deployable unit, 74% of enlisted and 45% of officers indicated they were on their first sea duty tour.

Table 14
Assigned Commands when Became Pregnant

	Enlisted	Officer
Ship	26%	8%
Deployable squadron	8%	4%
Other deployable unit	4%	2%
Non-deployable squadron	4%	2%
Shore activity or command, but not as a student	54%	76%
Navy funded school as a student	4%	8%

"To what type of command were you assigned when you became pregnant?"

Note. Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Those assigned to a deployable unit when they became pregnant (38% of enlisted and 14% of women officers) were asked where in the operational cycle their unit was. As shown in Table 15, most were not deployed (conducting local operations), had returned from a deployment within the past 60 days, or were in the pre-deployment training and inspection cycle.

Table 15
Ship Operational Cycle when Became Pregnant

	Enlisted	Officer
Deployed	10%	3%
Returned from deployment within the past 60 days	23%	20%
Not deployed; conducting local operations	31%	31%
In pre-deployment training and inspection cycle	22%	23%
In IA scheduled for less than six months	3%	8%
In IA scheduled for six months or longer	9%	14%
In precommissioning crew	2%	0%

"Where was your ship in the operational cycle when you became pregnant?"

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Includes only those on ship/deployable squadron/other deployable unit when they became pregnant.

Women may be required to change their duties and/or duty location for their health and/or the health of the fetus. OPNAV Instruction 6000.1C lays out specific guidelines for transfers for uncomplicated births, such as shipboard women being required to transfer at the 20th week of pregnancy and flight personnel being disqualified from flying unless certain criteria are met (CNO, 2007a). Women were asked if they were moved due to their most recent pregnancy. Table 16 shows that over half of enlisted and almost all officer women continue to work in the same place and are not moved. About a third of enlisted women are moved from sea duty to shore duty.

Table 16
Moved Due to Pregnancy

	Enlisted	Officer
Orders to shore duty	4%	4%
Continued to work in same place	54%	85%
Transferred sea to shore duty	33%	6%
Transferred overseas to CONUS	1%	1%
Transferred squadron to air station	1%	1%
Transferred from work center to other work center	3%	0%
Transferred other	4%	3%

"Were you (or are you scheduled to be) transferred or moved as a result of being pregnant?"

Note. Don't know option included in analyses.

Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Those assigned to a ship (26% of enlisted women and 8% of women officers) were asked if they moved before the 20th week of pregnancy; nearly 1 in 5 enlisted and 2/3 of officer women did not move prior to the 20th week, as indicated in Table 17. Enlisted women are most likely to indicate their ship had a heavy underway schedule or deployment, or because it is the ship's policy to transfer earlier than required by Navy policy.

Table 17
Reasons for Removal from Ship Prior to 20th Week of Pregnancy

	Enlisted	Officer
Not moved prior to 20th week	17%	63%
Medical reasons related to pregnancy	3%	0%
Medical reasons unrelated to pregnancy	1%	0%
Ship had heavy underway schedule/deployment	31%	8%
Ship's policy to transfer before 20th week	26%	12%
Don't know	10%	4%
Other	14%	14%

"If you were moved off the ship before the 20th week of your pregnancy, why did it happen?"
Note. *Results for women officers should be viewed with caution due to low numbers of respondents.*

Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Only includes those who indicated they moved.

Some Navy jobs may be hazardous to fetal development. OPNAV Instruction 6000.1C describes some of the environmental concerns, with additional concerns determined by occupational health professionals or the woman's obstetrician. Table 18 shows the type of work done after being moved for pregnancy. Almost half of enlisted women do admin or clerical work that is outside what they normally would be doing, while only 30% of women officers indicated the same. Forty-one percent of women officers indicate they are doing the same job as before, but in a different location.

Table 18
Work after a Pregnancy-Related Move

	Enlisted	Officer
Same as before, different location	25%	41%
Admin/clerical outside of rating/designator	48%	30%
Duty office/phone watch	6%	4%
Other	22%	25%

"What type of work did you do while still pregnant after the move?"

Note. *Results for women officers should be viewed with caution due to low numbers of respondents.*

Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Only includes those who indicated they moved.

OPNAV Instruction 6000.1C defines ergonomic restrictions for pregnant women, including being exempt from lying prone for a prolonged period of time and lifting greater than 25 pounds. The instruction also indicates that women will be limited to a 40-hour work-week during their last trimester (unless the CO and the woman's medical provider concur otherwise). Respondents were asked if their hours were reduced during pregnancy. About one quarter of women worked less than 40 hours per week during their last month (see Table 19), with about the same percentage of enlisted also having worked less than 40 hours for the entire last trimester. About one-third of enlisted and over half of officers did not have reduced hours.

Table 19
Reduced Work Hours During Pregnancy

	Enlisted	Officer
Don't know, still pregnant	13%	9%
Hours weren't reduced	35%	54%
During 1st 3 months	3%	2%
During 2nd 3 months	7%	4%
During 7-8 months	28%	15%
During last month	25%	23%

"Before delivery, were your work hours reduced to less than 40 hours per week?"

Note. Multiple responses allowed.

Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Postpartum

Navy women are normally granted 42 days of recovery (convalescent leave) after an uncomplicated delivery (CNP, 2002). A survey question asked about how many days women take for convalescent leave; on average, enlisted women take 43 days while officers take 41 days. Women may opt for additional leave, and the average amount of annual leave used was 7 days for enlisted and 9 days for officers. The average total amount of days of leave (convalescent and annual combined) prior to returning to duty after delivery is 50 days.

Married Navy men may also take leave in conjunction with the birth or adoption of a child, as of October 2008 (CNP, 2008). Men were asked if they had ever fathered a child while in the Navy; 39% of enlisted men and 60% of officer men indicated that they had, with over half (58% of enlisted, 50% of officers) having fathered a child since 2008. The majority of those (81% of enlisted and 79% of officers) have taken paternity leave. The average amount of paternity and annual leave taken before returning to duty was 20 days for enlisted men and 14 days for men officers. All survey participants were provided a brief explanation of the current paternity policy and were asked if the policy should be changed; about half believe the number of paternity leave days should be increased to between 11 and 21 days, as indicated in Table 20.

Table 20
Recommended Changes to Paternity Leave Policy

	Enlisted		Officer	
	Women	Men	Women	Men
Leave the policy as is	18%	26%	27%	37%
Shorten the policy to 5 days	1%	1%	1%	2%
Increase the policy to between 11 and 21 days	56%	46%	53%	43%
Increase the policy to greater than 21 days	25%	27%	19%	18%

Those who moved because of pregnancy (less than half of enlisted women and about 1 in 10 women officers who became pregnant while in the Navy) were asked about moving after they had given birth. The majority of enlisted and half of officers do not return to their units but instead stay with the unit to which they had been transferred, as indicated in Table 21.

Table 21
Return to Pre-Pregnancy Unit

	Enlisted	Officer
Transferred, but returned to my unit	7%	2%
Sent TAD, but returned to my unit	3%	8%
Stayed with the unit I was transferred to	59%	48%
Went to a different shore duty command	14%	31%
Went to a different ship or deployable unit	17%	10%

"Did you return to the unit you were assigned to prior to your pregnancy?"

Note. Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Only includes those who indicated they had been transferred.

Those who did not return to their pre-pregnancy unit were asked their opinions of the new assignment. Most women officers feel the new assignment is equally as career enhancing as before (see Table 22), but one-fourth feel that it is not as career enhancing. Almost half of enlisted women feel that their new assignment is not as career enhancing as their previous assignment while another one-third feels the two assignments were equivalent.

Table 22
Post-Childbirth Assignments of Those Who Did Not Return to Their Pre-Pregnancy Units

	Enlisted	Officer
New assignment equally career enhancing as previous assignment	35%	59%
New assignment not as career enhancing as previous assignment	49%	26%
New assignment more career enhancing as previous assignment	17%	15%

"Did you consider this new assignment as career enhancing as your assignment before the pregnancy?"

Note. Results for women officers should be viewed with caution due to low numbers of respondents.

Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Only includes those who were moved and who did not return to their unit.

OPNAV Instruction 6000.1C exempts women from the physical readiness program (see CNO, 2011, for details on the program) for the duration of their pregnancy through six months following delivery, and indicates that they will take a physical fitness assessment (PFA) no later than six months after returning to duty (CNO, 2007b). Forty-seven percent of enlisted and 46% of women officers indicated they completed a PFA within six months of giving birth. Respondents were asked if they were within weight and height standards (body composition assessment) as well as able to complete the PFA after giving birth. Table 23 shows that more than three in four women are able to complete the PFA and be within BCA requirements at that time. Respondents were also asked if they thought six months was enough time to return to standards; 54% of enlisted and 42% of women officers felt it was not enough time.

Table 23
Successful Completion of 6-month Post-Pregnancy PFA

	Enlisted	Officer
Yes, both body composition assessment and physical fitness assessment	77%	89%
No, only met the body composition assessment portion	5%	4%
No, only met the physical fitness assessment portion	9%	4%
No, did not meet neither body composition nor physical fitness assessment	9%	4%

"Were you able to successfully complete your 6-month post-pregnancy PFA?"

Note. Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Both OPNAV Instruction 6000.1C and BUMED Instruction 6000.14 provide guidelines for the support of breastfeeding in the Navy (CNO, 2007b; BUMED, 2005). Both highlight the importance of breast milk, and using breast milk through at least the first six months of the baby's life. The majority of Navy women (84% of enlisted and 88% of officers) breastfeed their children initially. Of those who breastfeed for at least a month, enlisted women breastfeed for six months and women officers for eight months, on average. Seventeen percent of enlisted and 13% of officers indicate their MTF or hospital provided a breast pump. About two-thirds of enlisted women and 89% of women officers who do start breastfeeding their babies are still breastfeeding when they return to duty (on average, when the baby is 50 days [seven weeks] old).

The OPNAV instruction lays out the minimum command support expected for breastfeeding. There is no set time to allow for pumping breast milk, but the instruction indicates that the woman and her supervisor will determine the time needed, and that the time needed fluctuates based on a number of factors. Respondents were asked if they were given time to pump or breastfeed. Table 24 shows that the majority of women are given time to pump or breastfeed when they need to. One-fourth are given time to do so during their breaks or meals. About 10% of women who were breastfeeding/pumping when they returned to duty were not given the time they needed to pump or breastfeed.

Table 24
Given Time to Breastfeed at Work

	Enlisted	Officer
Yes, during breaks/meals	24%	28%
Yes, when I needed to	66%	64%
No	10%	8%

"Were you given time to pump or breastfeed?"

Note. Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy. Only includes those who were breastfeeding/pumping when they returned to duty.

The OPNAV instruction also defines an appropriate space for pumping breast milk. In particular, it should be a secluded space that is not just a restroom, with access to water. In addition, there should be a location for storing breast milk. Two survey questions were asked to determine breastfeeding locations. Table 25 shows that 4 in 10 women are provided a space that is solely a nursing room and not part of a restroom, while about one in four use a restroom for breastfeeding/pumping. Table 26 shows that most do have access to running water and cool storage.

Table 25
Breastfeeding/Pumping Location

	Enlisted	Officer
I used the restroom/head	24%	29%
Yes, I used a nursing room in the restroom/head	9%	11%
Yes, I used a nursing room that was not part of a restroom/head	42%	40%
No	24%	20%

"Were you given a comfortable, secluded location for breastfeeding or pumping at work?"

Note. Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Only includes those who were breastfeeding/pumping when they returned to duty.

Table 26
Facilities at Breastfeeding/Pumping Location

	Enlisted	Officer
Given location that had running water	67%	72%
Able to store breast milk in cool location	88%	94%

Note. Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Percent "Yes"

Only includes those who were breastfeeding/pumping when they returned to duty.

Respondents who breastfed were asked why they stopped, specifically if they stopped because of work. As indicated in Table 27, most do not stop for a work-related reason. Of the work-related issues included, about one in five indicated they needed the time for something other than breastfeeding.

Table 27
Work-Related Reasons for Stopping Breastfeeding

	Enlisted	Officer
Does not apply; did not stop because of work	53%	58%
Did not think supervisor would give me time	4%	1%
Supervisor did not give me time*	7%	7%
Time needed to be devoted to something else (lunch, working out, etc)	19%	18%
Co-workers wouldn't support pumping	6%	4%
Wasn't any place to pump in work area	15%	8%
Didn't have a pump	2%	0%
Couldn't store breast milk	5%	4%
Other	23%	24%

"If you stopped breastfeeding before you planned because of work, what were your reasons?"

Note. Multiple responses allowed.

Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Only includes those who were breastfeeding/pumping when they returned to duty.

* Wording change; was "My supervisor said he/she would not give me the time to breastfeed or pump at work" prior to 2012.

Parenthood/Custody Rates

As seen in Figure 5, over half of the Navy is not a parent, with the percentage of women who are not a parent (66%) having increased significantly since the last survey administration. While the percentage who are single parents is higher for women than men, estimations based on population counts at the time of administration show that there are more single fathers in the Navy (about 14,000) than single mothers (about 6,000).

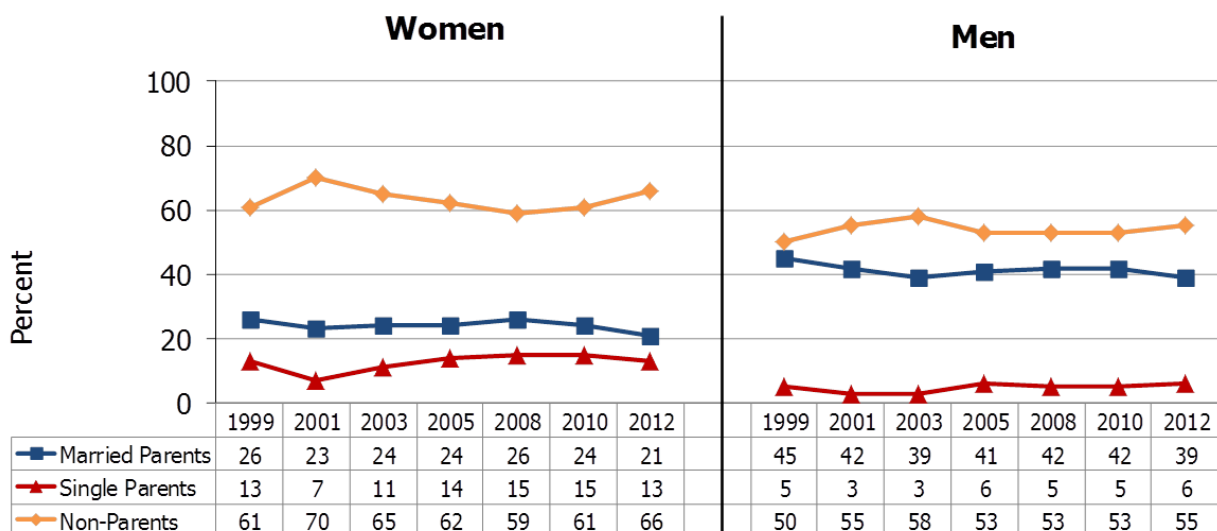


Figure 5. Rates of Parenthood in the Navy

For enlisted, rates of single parenthood increase as paygrade group (and age, as discussed in Table 13) increases (see Table 28). Most enlisted single mothers (60%) are unmarried when their child is born, with another 35% becoming single mothers through divorce. Forty-seven percent of men become single fathers through divorce, with another 41% being unmarried when their child is born.

Table 28
Percent of Sailors with Full or Joint Custody

	Women		Men	
	Full Custody	Joint Custody	Full Custody	Joint Custody
E2-E4	8%	1%	1%	2%
E5-E6	14%	4%	1%	5%
E7-E9	17%	6%	1%	8%
Officer	5%	1%	0%	2%

Because few officers are single parents, results in Table 28 are not presented by paygrade group for officers. Eighty-four percent of men officers and 54% of women officers become single parents through divorce.

Single parents as well as those married to another service member are required to have a Family Care Plan in place for the care of their minor children in the absence of the parent(s) (CNO, 2009). Respondents who met the criteria for the plan were asked if they had one in place. The majority of the women (84% of enlisted and 72% of officers) had a Family Care Plan in place. Results for men should be interpreted cautiously due to the few respondents, who fit the criteria, but results were lower and similar to previous results (see Figure 6). Those who did not currently have a plan in place were asked if they had some undocumented plan in place; most (from 70% of enlisted men to 100% of women officers) indicated that they did.

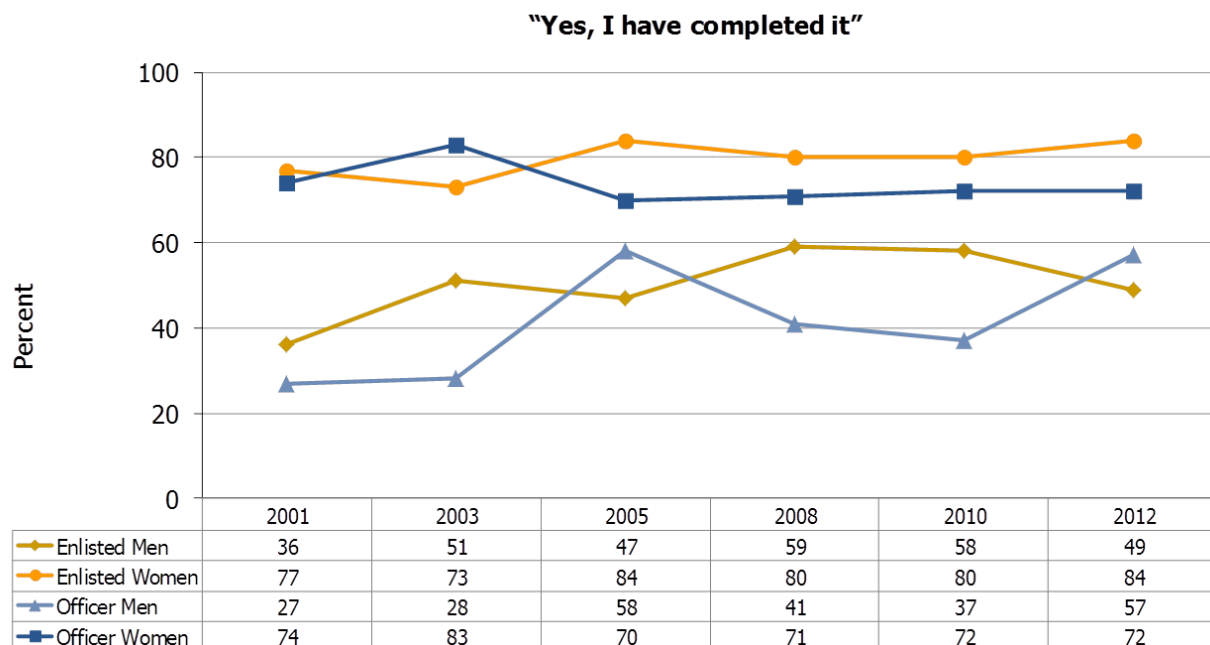


Figure 6. Completion Rates for the Family Care Plan

Those with a plan (documented or undocumented) were asked how recently they had confirmed their plans with the expected caregiver. The majority had contacted their caregiver within the last two months (see Table 29).

Table 29
Last Contact with Caregiver

	Enlisted		Officer	
	Women	Men	Women	Men
Within the last 2 months	90%	58%	85%	86%
3-5 months ago	0%	15%	8%	0%
7-12 months ago	3%	10%	0%	0%
More than 1 year ago	7%	18%	6%	14%

Note. Results for officers should be viewed with caution due to low numbers of respondents.

Those with any plan were also asked about their ability to execute their plan. Not surprisingly, longer lead times led to increased percentages of Sailors believing they could execute their plan (Table 30). Significantly more enlisted women indicated they could execute their plan if they deployed tomorrow (69%) as compared to 2010 findings (59%).

Table 30
Ability to Execute Documented or Undocumented Family Care Plan

	Enlisted		Officer	
	Women	Men	Women	Men
Deployed tomorrow for an unspecified length of time	69%	81%	64%	84%
Deployed next week for an unspecified length of time	81%	84%	78%	89%
Deployed next month for an unspecified length of time	94%	94%	93%	100%

Note. Results for officers should be viewed with caution due to low numbers of respondents.

Single mothers are most likely to have the child's grandparent take care of the children when deployed, while men are most likely to have the child's other parent be the caretaker, as indicated in Table 31. This is perhaps related to the findings above that women are more likely to have full custody than joint custody while the reverse is true for men.

Table 31
Who Cares for Children when Single Parents Deploy

	Enlisted		Officer	
	Women	Men	Women	Men
Other Parent	28%	93%	33%	91%
Grandparent	61%	7%	51%	4%
Non-relative	11%	0%	17%	4%

Note. Results for enlisted men and officers should be viewed with caution due to low numbers of respondents.

Discussion

Results from the 2012 Pregnancy and Parenthood Survey show a remarkable similarity to previous results, a positive finding in light of the potential impact of pregnancy and parenthood on readiness. In addition, the results are generally in line with findings from the civilian population.

However, the results show that significant progress still needs to be made to meet the Healthy People 2020 objectives established by the U.S. Department of Health and Human Services (see <http://www.healthypeople.gov/2020/about/default.aspx>), specifically the objective relating to family planning that 56% of all pregnancies are intended (USDHHS, 2013). It is unclear which particular aspect could improve this statistic within the Navy.

One possibility is through additional training. The results show that training at GMT has decreased, and the requirement for FY14 GMT related to sexual health has been waived (CNO, 2013). Yet there is still sexual health training available for Sailors, although perhaps it is not utilized sufficiently. The Navy runs the Sexual Health and Responsibility Program (SHARP) through the Navy and Marine Corps Public Health Center. MacDonald (2013) describes the program and its history, and includes tools that have been created over the years to assist Sailors in making sexually healthy decisions. In addition, the SHARP website provides access to current tools and resources.

Because there is never one solution, another prong toward improving planning of parenthood might be to further mentoring within the Navy. Navy Personnel Command (2014e) provides best practices and resources for mentoring within the Navy. Johnson and Andersen (2009) take this a step farther and provide a discussion of problems with formal mentoring programs as well as suggestions of how to implement mentoring. It may be appropriate to move beyond mentoring to providing formal professional counseling. SECNAVINST 1000.10a indicates, “Advice concerning personal decisions, including issues of faith, character, individual core values and medical concerns, will be readily available to those who seek it.” (SECNAV, 2005) The Navy currently has Navy counselors who “offer career guidance to Navy people”, (NPC, 2014f) but who may not be prepared for in depth conversations about family planning. Riemann (2013) suggests that even Navy chaplains may not be experienced enough for such conversations, and counseling might be best served by licensed professionals who could also handle suicide prevention, personal problems, and substance abuse.

Concomitant with training and counseling may be appropriate to increase use of long-acting reversible contraceptives. Peipert, Madden, Allsworth, and Secura (2012) discuss the use of long-acting reversible contraceptives and the markedly lower birth rates they found in their sample as compared to the nation overall. They found that the interest in using LARCs increased with knowledge of this method when the cost was not an issue. In theory, the cost of LARCs would be covered by the existing military

healthcare coverage, so use might simply increase if knowledge by healthcare providers and women increased.

The 2012 Pregnancy and Parenthood Survey does have limitations, primary of which is the low response rate. While this response rate is in line with other recent surveys (see, for example, Al-Nassir, Falk, Hung, Magazine, Markheim, Masui, McGrath, and Schneider, 2014), it remains a concern. As this is a biennial survey and will be conducted again, it is worth considering alternative methodologies for notification and encouragement of participation. It may be worthwhile to try targeted email notifications of non-respondents. A study of the non-response bias may also be appropriate, in order to better determine the accuracy of the results.

Another possible improvement to the initial survey design would be to take an adaptive survey design approach initially (as discussed in Wagner, 2008) to reduce the non-response bias that often accompanies low response rates. Parrish (2007) suggests that a survey that is not web-based may also help increase the number of responses, so perhaps a design that incorporates a paper version of the survey to certain groups with historically low response rates (e.g., junior enlisted) might be appropriate.

As with all surveys, findings and expected/completed actions based on those findings should be published across many different venues. Those who do not respond to surveys cite that results do not lead to improvement (Newell, Whittam, Uriell, Kang, 2010) or that there is no feedback about the surveys (Uriell and Schultz, 2008). Some possible opportunities for sharing results include: 1) results about policy knowledge and command treatment could be included in leadership training courses, 2) sexual health knowledge and incidence of unplanned pregnancy could be included in SHARP or any medical or GMT training, 3) incidence of unplanned pregnancy could also be provided to the Coalition of Sailors Against Destructive Decisions to be addresses as part of their desire to “help Shipmates maintain a course of success through good decision making” (Navy Personnel Command, 2014b). For those commands with a Command Advisor on Pregnancy and Parenthood (CAPP; Navy Personnel Command, 2014a), results can be part of their duties.

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Appendix A: Survey Instrument

Chief of Naval Personnel

Washington, DC

2012 Pregnancy and Parenthood Survey (Combined version)



Administered on Web

Due to a programming error, results for questions shaded in blue are not available.

Dear Survey Participant,

You are one of a select group of Sailors who have been picked to complete the 2012 Pregnancy and Parenthood Survey. Although you may not have or plan to have children, please provide feedback because these issues can have an impact on all Sailors.

Participation is voluntary, but remember YOUR feedback is important in providing an accurate picture of these issues. There are some personal questions included in this survey. Be assured that the information you give will not be attributed to you personally, nor will anything you say have a direct impact on your Navy career. Only numerical results will be provided.

Informed Consent and Privacy Act Statement

You are being invited to take part in a research study titled 2012 Pregnancy and Parenthood Survey, conducted by the Navy Personnel Research, Studies, and Technology (NPRST) division of the Bureau of Naval Personnel. Your decision to take part is voluntary and you may refuse to take part, or choose to stop taking part, at any time. A decision not to take part, or to stop being a part of the research project will not negatively impact you in any way.

Public Law 93-579, called the Privacy Act of 1974, requires that you be informed of the purpose of this survey and of the uses to be made of the information collected. Authority to request this information is granted under 10 U.S.C. 5031 and 5032, and 5 U.S.C. 301: Executive Order 9397. License to administer this survey is granted per OPNAVINST 5300.8C under OPNAV Report Control Symbol 6300-1, which expires 13 Jul 2013.

PURPOSE/ROUTINE USES: The purpose of this questionnaire is to collect data to evaluate existing and proposed Navy personnel policies, procedures, and programs. The information provided in this questionnaire will be analyzed by NPRST. The data files will be maintained by NPRST where they may be used for determining changing trends in the Navy. The dataset may be used in future research. Datasets without any identifying information may be analyzed by researchers outside of NPRST.

PARTICIPATION: Completion of this questionnaire is entirely voluntary. Failure to respond to any of the questions will NOT result in any penalties except possible lack of representation of your views in the final results and outcomes. You may discontinue participation at any time without penalty. There is no direct benefit from being in this study; however, taking part may help improve Navy policies, programs, and/or procedures for Navy personnel in the future.

RISK(S): The only risk to you is inappropriate disclosure of data you provide. However, NPRST has a number of procedures in place to ensure that the data collected is safe and protected.

CONFIDENTIALITY: All responses will be held in confidence by NPRST. Information you provide will be statistically summarized with the responses of others, and will not be attributable to any single individual. Datasets without any identifying information may be analyzed by researchers outside of NPRST. The information provided will not become part of your official military record and will not affect your career or benefits in any way. Survey comments without any identifying information may be read by authorized personnel outside of NPRST.

QUESTIONS: If you have any questions about this research study, please contact the Project Director at DSN 882-4641 or COM (901) 874-4641.

NPRST PHS STATEMENT: This study, NPRST-2011-0020-F has been reviewed by the Navy Personnel Research, Studies, and Technology Division's Protection of Human Subjects (PHS) Committee of the Bureau of Naval Personnel. For any questions about research subject's rights, call the NPRST PHS at DSN 882-2111 or (901) 874-2111, email nprstirb.fct@navy.mil.

BACKGROUND

1. Do you voluntarily agree to participate in this study?

- ☐ Yes (Survey forwards to next survey question)
- ☐ No (Survey automatically forwards participant to thank you page at end of survey)

2. What is your gender?

- ☐ Male
- ☐ Female

3. What is your age?

_____ years

The next two questions are based on the standard Navy and DoD race and ethnicity categories/questions.

4. Are you of Hispanic or Latino origin?

- ☐ Yes
- ☐ No

5. What is your racial background? If you are of mixed heritage, please mark ALL that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.)
- ☐ Black or African-American
- ☐ Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, Chamorro, etc.)
- ☐ White

6. What is your current marital status?

- ☐ Single, never married
- ☐ Divorced, separated, or widowed
- ☐ Married to Navy service member

- ☐ Married to another member of the armed forces
- ☐ Married to a civilian or former Service member

7. To what type of ship/activity are you currently assigned?

- ☐ Afloat staff
- ☐ Aircraft Carrier
- ☐ Amphibious craft (i.e., LCAC, etc.)
- ☐ Amphibious ship (i.e., LSD, LST, LHD, LHA, etc.)
- ☐ Aviation Squadron/Detachment (sea deployed)
- ☐ Aviation Squadron/Detachment (shore deployed)
- ☐ Cruiser/Destroyer/Frigate/LCS
- ☐ Minecraft
- ☐ Reserve Unit
- ☐ Service Force ship (i.e., USNS, auxiliaries, etc.)
- ☐ Shore based deployable unit (i.e., Seabees, EOD, etc.)
- ☐ Shore or Staff Command
- ☐ Special Warfare Unit
- ☐ Submarine
- ☐ Tender/Repair ship
- ☐ Training Command
- ☐ Other

8. What are your current Navy career plans?

- ☐ Involuntarily separating due to Perform to Serve (PTS) disapproval, Early Retirement Board (ERB), etc.
- ☐ Probably will leave at the end of this enlistment/obligation
- ☐ Probably will sign on again, but not stay until eligible to retire
- ☐ Probably will stay until eligible to retire
- ☐ Eligible to retire now, but will remain on active duty
- ☐ Undecided

9. Using the scale below, please indicate whether the following factors have influenced you (contributed to your decision) to stay, influenced you to leave, or had no effect on your Navy career intentions.

	1-Influenced to Stay	2	3	4 - No Effect	5	6	7 - Influenced to Leave
Current job satisfaction							
Promotion/Advancement opportunities							
Availability of professional guidance							
Alternate career paths available within my current community/rating in the Navy							
Opportunity to reach career milestones							
Alternative career paths outside my current community/rating, but still within the Navy							
Leadership at my command							
Morale at my command							
Leadership in the Navy							
Length of current or next sea tour/OPTEMPO							
Retirement							
Benefits/Pay							
The balance between work and personal life							
The impact of your Navy career on your							

spouse/family							
Availability of personal guidance							
The impact of your Navy career on your ability to have a family							
Availability of childcare							
Loyalty to nation/service							
Geographic stability							
Career path/milestones							
Civilian job opportunities/economy							
Job security/stability							

□

10. What is your paygrade/rank?

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> E1 | <input type="radio"/> W2 | <input type="radio"/> O1/O1E |
| <input type="radio"/> E2 | <input type="radio"/> W3 | <input type="radio"/> O2/O2E |
| <input type="radio"/> E3 | <input type="radio"/> W4 | <input type="radio"/> O3/O3E |
| <input type="radio"/> E4 | <input type="radio"/> W5 | <input type="radio"/> O4 |
| <input type="radio"/> E5 | | <input type="radio"/> O5 |
| <input type="radio"/> E6 | | <input type="radio"/> O6 |
| <input type="radio"/> E7 | | <input type="radio"/> O7 or above |
| <input type="radio"/> E8 | | |
| <input type="radio"/> E9 | | |

11. What is your officer designator? (ENLISTED WILL SKIP)

12. If you are rated or a designated striker, what is your general rating? (OFFICERS WILL SKIP)

- ☐ Does not apply. I am a GenDet/not rated/not a designated striker.

I am:

- ☐ SN
☐ AN
☐ FN
☐ CN

____ Rating

13. Do you hold a critical Navy Enlisted Classification (NEC)?

- ☐ Yes
☐ No
☐ Do not know

PARENTHOOD

14. Have you ever been a parent while in the Navy?

- ☐ Yes
☐ No (skip to question 26)

15. When you entered the Navy, were you:

- ☐ Married, with child(ren)
☐ Married without child(ren)
☐ Single, no child(ren)
☐ Single parent with custody of child(ren)
☐ Single parent without custody of child(ren)

16. How many children under the age of 21 currently live in your household? (Please include children for whom you have joint custody.)

0 Does not apply, I have no children under the age of 21 currently living in my household

	No Children	1 Child	2 Children	3 Children	4 Children	5 or more Children
a. Under 1 year	0	0	0	0	0	0
b. 1 year to 4 years 11 months	0	0	0	0	0	0
c. 5 years to 11 years 11 months	0	0	0	0	0	0
d. 12 years to 14 years 11 months	0	0	0	0	0	0
e. 15 years to 18 years 11 months	0	0	0	0	0	0
f. 19 years to 20 years 11 months	0	0	0	0	0	0

17. Who usually cares for your child(ren) when you are deployed or on an unaccompanied tour?

- ☐ I have never been deployed or on an unaccompanied tour (skip to question 19)
☐ Their other parent (natural or step-parent) cares for them
☐ A grandparent or other relative cares for them
☐ Someone who is not a relative cares for them

18. When you are deployed or on an unaccompanied tour, does your child(ren) have to temporarily move into a home other than their own?

- ☐ Yes
☐ No

19. Are you currently an unmarried parent of a child(ren) under the age of 21?

- ☐ No (skip to question 25)
- ☐ Yes, with custody of my child(ren)
- ☐ Yes, with joint custody of my child(ren)
- ☐ Yes, but I don't have custody or joint custody of my child(ren)

19a. (IF HAVE SOLE OR JOINT CUSTODY) Do you receive financial support from the child's other parent?

- ☐ Yes
- ☐ No, but legally I should be
- ☐ No

19b. (IF HAVE NO CUSTODY) Do you financially support or contribute to the financial support of your child(ren)?

- ☐ Yes
- ☐ No

20. How did you become a single parent?

- ☐ Divorce
- ☐ Unmarried when child was born
- ☐ Adoption
- ☐ Death of spouse
- ☐ Other

Formal documentation of a servicemember's Family Care Plan (FCP) is required under the following conditions: (a) a servicemember with primary or shared physical custody of a minor child who is not married to the other natural or adoptive parent of the minor child; or (b) both members of a married dual military couple where one or both have primary or shared physical custody of a minor child. In the FCP, parents state who will be responsible for their child(ren) if/when the parent is deployed; mobilized; becomes an Individual Augmentee (IA); is sent TAD; assigned to an unaccompanied tour or otherwise unavailable (e.g., special working hours).

21. Have you completed or verified the accuracy of your Family Care Plan within the past year?

- ☐ No, because I am not a single parent nor a military-married-to-military parent, or I do not have joint custody of my child (skip to question 25)
- ☐ No, because I have not been here 60 days yet
- ☐ No, I have not been told to complete the form
- ☐ No, but I have been told to complete the form
- ☐ Yes, I have completed it (skip to question 23)

22. If you have not completed the Family Care Plan as required, do you have some undocumented plan in place, such as a verbal agreement with family or friends should you need to leave your child?

- ☐ Yes
- ☐ No

23. When was the last time you contacted the caregiver to confirm your plans?

- ☐ Within the last 2 months
- ☐ Between 3 and 6 months
- ☐ Between 7 months and 1 year
- ☐ More than 1 year ago

24. Could you execute your Family Care Plan (documented or undocumented) if you:

	Yes	No
a. Deployed tomorrow for an unspecified length of time?	0	0
b. Deployed next week for an unspecified length of time?	0	0
c. Deployed next month for an unspecified length of time?	0	0

25. Is your child(ren) in the Exceptional Family Member (EFM) Program?

- ☐ Yes
- ☐ No
- ☐ Don't know

FAMILY PLANNING ATTITUDES

26. When in her Navy career is the best time for a woman to become pregnant?

- ☐ Never; being in the Navy and motherhood are not compatible
- ☐ Whenever the woman wants a child
- ☐ After her first operational tour
- ☐ During shore duty, but not after getting orders to sea duty
- ☐ While on sea duty
- ☐ After receiving orders to shore duty, if the ship/squadron is not deploying

27. My current sea/shore rotation is adequate for family planning.

- ☐ Yes
- ☐ No
- ☐ Don't know

28. The Navy has been approved for a Career Intermission Pilot Program, where a small number of enlisted and officer personnel may be approved for a short term sabbatical from service while retaining their health care benefits. Have you heard of this program?

- ☐ Yes
- ☐ No
- ☐ Not sure

29. How does this program impact your desire to stay in the Navy?

- ☐ It motivates me to remain in the Navy.
- ☐ It has no impact on my motivation to remain in the Navy.
- ☐ It motivates me to leave the Navy.

BIRTH CONTROL PRACTICES

30. The following statements describe beliefs concerning birth control. Please indicate how well each statement reflects your beliefs.

	Not at all true of me	Slightly true of me	Somewhat true of me	Mostly true of me	Completely true of me	Not applicable
a. I think it is important to use birth control until getting married.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I think it is important to use birth control after getting married.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I have had sexual intercourse without using birth control (or my partner using it) even though I did not want to get pregnant/father a child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I would have sexual intercourse without birth control if my partner wanted me to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. When a birth control method is not available, I believe you just have to take a chance and hope that a pregnancy does not result.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I make it my responsibility to discuss birth control with my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I think it is important for men to get involved with birth control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. My most recent partner encouraged use of birth control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Birth control is the responsibility of the woman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. The following statements describe beliefs concerning birth control. Please indicate how well each statement reflects your beliefs.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know / Not Applicable
a. I would feel comfortable discussing birth control with a military physician/nurse practitioner/physician's assistant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I would feel comfortable getting birth control from a military physician/nurse practitioner/physician's assistant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I would feel comfortable discussing birth control with an Independent Duty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. The following statements describe beliefs concerning birth control. Please indicate how well each statement reflects your beliefs.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know / Not Applicable
Corpsman.						
d. I would feel comfortable getting birth control from an Independent Duty Corpsman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I would feel comfortable discussing birth control with the medical personnel aboard ship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I would feel comfortable getting birth control from the medical personnel aboard ship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I would feel more comfortable discussing birth control with a civilian health care provider than with a military health care provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I would feel more comfortable getting birth control from a civilian health care provider than from a military health care provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. In the last year, has a medical provider discussed birth control options with you?

- ☐ Yes
☐ No

33. In the last year, has a medical provider discussed family planning (not just birth control) with you?

- ☐ Yes
☐ No

34. Have you discussed how to plan a family while in the Navy with any of the following people? (Mark ALL that apply.)

- ☐ Mentor
☐ Chaplain
☐ Friend
☐ Family member
☐ Fleet and Family Support Center counselor
☐ Career Counselor
☐ No one has discussed this with me
☐ Other: _____

35. FOR WOMEN ONLY: At your last physical exam, did you and your medical provider discuss the advantages and disadvantages of using long acting reversible contraceptives (e.g., hormonal implants such as Implanon, intrauterine devices (IUDs)/systems (IUSs) such as Mirena or Paragard)?

- ☐ Yes
☐ No

36. FOR WOMEN ONLY: Have you had a discussion with someone outside of the medical field (e.g., a peer counselor, mentor) about the advantages and disadvantages of using long acting reversible contraceptives (e.g., hormonal implants such as Implanon, intrauterine devices (IUDs)/systems (IUSs) such as Mirena or Paragard)?

- ☐ Yes
☐ No

37. FOR WOMEN ONLY: Do you feel you understand the advantages and disadvantages of long acting reversible contraception enough that you could explain them to another woman?

- ☐ Yes
- ☐ No

38. Do you or your partner usually use a form of birth control (including tubal ligation or vasectomy)? (If you have more than one partner, answer with your usual or most recent partner in mind.)

- ☐ Yes (skip to question 40)
- ☐ No

39. Why don't you use birth control?

- ☐ I do not have sex (abstinent) or have not had sex in the last 6 months
- ☐ I (or my partner) am infertile
- ☐ I/My partner have had a hysterectomy
- ☐ My (or my partner's) religion or personal beliefs do not permit the use of birth control
- ☐ I (or my partner) do not want to use birth control
- ☐ I am not comfortable discussing or getting birth control
- ☐ I am pregnant or I am trying to get pregnant/My partner is pregnant or trying to get pregnant
- ☐ Other _____

SKIP TO QUESTION 44.

40. What method(s) of birth control do you or your partner usually use? (Mark ALL that apply)

Sterilization

- ☐ Tubal ligation/Essure
- ☐ Vasectomy

Behavioral

- ☐ Rhythm method
- ☐ Withdrawal
- ☐ Continuous breast-feeding

Prescription – Long-Acting Reversible Contraception

- ☐ Birth control implant (e.g., Implanon®)
- ☐ IUD (intrauterine device; e.g., Mirena)
- ☐ IUS (intrauterine system; e.g., Paragard)

Prescription – Short-Term

- ☐ Birth control pill
- ☐ Birth control patch (e.g., Ortho Evra®)
- ☐ Birth control ring (e.g., NuvaRing®)
- ☐ Birth control shot (e.g., Depo-Provera®, Lunelle®)
- ☐ Diaphragm/shield/cap

Over-the-Counter

- ☐ Condom
- ☐ Female condom
- ☐ Sponge
- ☐ Spermicidal foam or jelly
- ☐ Other _____

41. Where do you normally obtain your birth control? (Mark ALL that apply)

- ☐ Navy medical provider
- ☐ Civilian medical provider
- ☐ Civilian clinic (e.g. Planned Parenthood)
- ☐ Over the counter (e.g. spermicidal foam or jelly, condoms)

42. FOR WOMEN ONLY WHO INDICATED SHORT-TERM PRESCRIPTION IN OPPOSITE QUESTION: Did you receive birth control before going on your most recent deployment?

- ☐ Yes, and I kept it with me
- ☐ Yes, and it was kept with the Independent Duty Corpsman/Unit's Medical Care Facility
- ☐ No, and I didn't ask
- ☐ No, I was denied it
- ☐ N/A

43. FOR WOMEN ONLY WHO INDICATED SHORT-TERM PRESCRIPTION IN OPPOSITE QUESTION: Did you receive ENOUGH birth control before going on your most recent deployment to cover the entire length of your deployment?

- ☐ Don't know, still deployed
- ☐ Yes
- ☐ No
- ☐ Not applicable

44. Have you ever used or considered using in vitro fertilization (IVF)?

- ☐ Yes
- ☐ No

45. The postpartum operational deferment policy allows women to be in a non-deployable status for 12 months after giving birth. If the policy were changed, how do you think it should be changed?

- ☐ Leave the policy as is
- ☐ Shorten the policy to 9 months
- ☐ Shorten the policy to 6 months
- ☐ Increase the operational deferment time
- ☐ Allow 6 months operational deferment for those with less than 5 years of service, 12 months for members with over 5 years

46. The paternity leave policy allows married fathers to take 10 days non-chargeable leave of absence in connection with the birth of a child. If the policy were changed, how do you think it should be changed?

- ☐ Leave the policy as is
- ☐ Shorten the policy to 5 days
- ☐ Increase the policy to between 11 and 21 days
- ☐ Increase the policy to greater than 21 days

47. Indicate whether you believe each of the following statements is true, false, or you don't know.

	True	False	Don't Know
a. When used properly, condoms are just as effective as the pill in preventing pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Women cannot get pregnant during their menstrual period.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Birth control medicines (e.g., the pill, Depo-Provera®) lead to cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If a woman misses 2 or more pills in a row, she must use an additional method of birth control along with the pill for the remainder of the month to be safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Almost all women who are on prescription birth control gain weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. All methods of birth control are equally effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emergency contraception involves taking a specified dosage of birth control pills within 72 hours of unprotected sex, sometimes followed by a second dosage 12 hours later. Emergency contraception is currently marketed under the name Plan B One Step, Next Choice, Levonorgestrel, or ella.

48. Regarding emergency contraception, which of the following statements are true for you?	Yes	No	Don't Know
a. Prior to this survey, I knew what emergency contraception was.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. During my last physical exam, emergency contraception was discussed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Emergency contraception is available where I am currently stationed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I use emergency contraception as a primary birth control method.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. The following statements describe beliefs concerning emergency contraception. Please indicate how well each statement reflects your beliefs.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know / Not Applicable
a. I would feel comfortable discussing Plan B with a military physician/nurse practitioner/physician's assistant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I would feel comfortable discussing Plan B with an Independent Duty Corpsman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I would feel comfortable discussing Plan B with a civilian physician/nurse practitioner/physician's assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. From which of the following sources have you received training in STIs (sexually transmitted infections) or STDs (sexually transmitted diseases), including HIV? (Mark ALL that apply.)

- ☐ At GMT, within the last year
- ☐ At GMT, more than 1 year ago
- ☐ Physician
- ☐ Nurse practitioner/Physician's assistant/Medical Officer
- ☐ Independent Duty Corpsman
- ☐ Corpsman
- ☐ Personal research
- ☐ QuickSeries© flipbook
- ☐ Other
- ☐ Never

51. From which of the following sources have you received training in methods of birth control? (Mark ALL that apply.)

- ☐ At GMT, within the last year
- ☐ At GMT, more than 1 year ago
- ☐ Physician
- ☐ Nurse practitioner/Physician's assistant/Medical Officer
- ☐ Independent Duty Corpsman
- ☐ Corpsman
- ☐ Personal research
- ☐ QuickSeries© flipbook
- ☐ Other
- ☐ Never

52. From which of the following sources have you received training in Navy pregnancy and parenthood policy (OPNAVINST 6000.1C)? (Mark ALL that apply.)

- ☐ At GMT, within the last year
- ☐ At GMT, more than 1 year ago
- ☐ Physician
- ☐ Nurse practitioner/Physician's assistant/Medical Officer
- ☐ Independent Duty Corpsman
- ☐ Corpsman
- ☐ Personal research
- ☐ QuickSeries© flipbook
- ☐ Other
- ☐ Never

53. From which of the following sources have you received training about the Navy Family Care Plan (OPNAVINST 1740.4D)? (Mark ALL that apply.)

- ☐ At GMT, within the last year
- ☐ At GMT, more than 1 year ago
- ☐ Physician
- ☐ Nurse practitioner/Physician's assistant/Medical Officer
- ☐ Independent Duty Corpsman
- ☐ Corpsman
- ☐ Personal research
- ☐ QuickSeries© flipbook
- ☐ Other _____
- ☐ Never

54. Where do you think you should learn about sexual health issues, including sexual responsibility, pregnancy, STIs/STDs, and contraceptives? (Mark ALL that apply.)

- ☐ Boot Camp
- ☐ Leadership courses
- ☐ OCS/USNA/ROTC
- ☐ GMT
- ☐ From command leadership
- ☐ Other (specify _____)

55. How often do you think you should receive training about sexual health issues? (Mark ALL that apply)

- ☐ Once in a career
- ☐ Every reenlistment/obligation
- ☐ Annually during physical exam
- ☐ Annually during command training
- ☐ Only when I ask for information
- ☐ Other (specify _____)

(Females skip to Question 60.)

56. At any time since entering the Navy have you fathered a child?

- ☐ Yes
- ☐ No (skip to question 112)

57. Have any of your children been born since October 14, 2008?

- ☐ Yes
- ☐ No (skip to question 112)

58. Have you ever taken paternity leave while in the Navy?

- ☐ Yes
- ☐ No (skip to question 112)

59. How many days did you take off for paternity leave and/or annual leave before returning to duty?

_____ Days paternity leave
_____ Days annual leave

(Males skip to Question 112.)

PREGNANCY

60. At any time since entering the Navy have you been pregnant?

- ☐ Yes
- ☐ No (skip to question 112)

61. Did you become pregnant between 1 October 2010 and 30 September 2011? (Do NOT count pregnancies that began before 1 October 2010 even though you were pregnant on that date.)

- ☐ Yes
- ☐ No

62. Are you pregnant now?

- ☐ No
- ☐ Yes
- ☐ I think I may be, but it has not been confirmed by medical yet

The next set of questions asks about your MOST RECENT pregnancy (it could be your current or only pregnancy) since entering the Navy.

63. How long ago did this pregnancy occur?

_____ Years

64. What was your paygrade/rank when you became pregnant?

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> E1 | <input type="radio"/> W2 | <input type="radio"/> O1/O1E |
| <input type="radio"/> E2 | <input type="radio"/> W3 | <input type="radio"/> O2/O2E |
| <input type="radio"/> E3 | <input type="radio"/> W4 | <input type="radio"/> O3/O3E |
| <input type="radio"/> E4 | <input type="radio"/> W5 | <input type="radio"/> O4 |
| <input type="radio"/> E5 | | <input type="radio"/> O5 |
| <input type="radio"/> E6 | | <input type="radio"/> O6 |
| <input type="radio"/> E7 | | <input type="radio"/> O7 or above |
| <input type="radio"/> E8 | | |
| <input type="radio"/> E9 | | |

65. What was your marital status at the time you became pregnant?

- ☐ Married
- ☐ Single, never married
- ☐ Divorced, separated, or widowed

66. Was that pregnancy planned? Note: For this survey, a planned pregnancy is one that you wanted at that time (i.e., you intentionally became pregnant).

- ☐ Yes
- ☐ No

67. Was that pregnancy the result of in vitro fertilization (IVF)?

- ☐ Yes
- ☐ No

68. What was the outcome of that pregnancy?

- ☐ I am still pregnant
- ☐ Live birth (delivery after 36th week of pregnancy)
- ☐ Premature birth (delivery in the 20th through 36th week of pregnancy)
- ☐ Stillbirth
- ☐ Miscarriage (loss of pregnancy before 20th week of pregnancy)
- ☐ Ectopic pregnancy (tubal pregnancy)
- ☐ Abortion

69. Were you using birth control when you became pregnant?

- ☐ Yes
- ☐ No (skip to question 71)

70. What method(s) of birth control were you using? (Mark ALL that apply)

Sterilization

- ☐ Tubal ligation/Essure
- ☐ Vasectomy

Behavioral

- ☐ Rhythm method
- ☐ Withdrawal
- ☐ Continuous breast-feeding

Prescription – Long-Acting Reversible Contraception

- ☐ Birth control implant (e.g., Implanon®)
- ☐ IUD (intrauterine device; e.g., Mirena)
- ☐ IUS (intrauterine system; e.g., Paragard)

Prescription – Short-Term

- ☐ Birth control pill
- ☐ Birth control patch (e.g., Ortho Evra®)
- ☐ Birth control ring (e.g., NuvaRing®)
- ☐ Birth control shot (e.g., Depo-Provera®, Lunelle®)

Over-the-Counter

- ☐ Condom
- ☐ Female condom
- ☐ Sponge
- ☐ Spermicidal foam or jelly

- ☐ Other _____

71. Was the father in the military?

- ☐ Not applicable; I used an anonymous donor
- ☐ No, he was not in the military
- ☐ Yes, he was in the Navy
- ☐ Yes, he was in one of the other services

72. If military, what was his paygrade/rank?

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> E1 | <input type="radio"/> W2 | <input type="radio"/> O1/O1E |
| <input type="radio"/> E2 | <input type="radio"/> W3 | <input type="radio"/> O2/O2E |
| <input type="radio"/> E3 | <input type="radio"/> W4 | <input type="radio"/> O3/O3E |
| <input type="radio"/> E4 | <input type="radio"/> W5 | <input type="radio"/> O4 |
| <input type="radio"/> E5 | | <input type="radio"/> O5 |
| <input type="radio"/> E6 | | <input type="radio"/> O6 |
| <input type="radio"/> E7 | | <input type="radio"/> O7 or above |
| <input type="radio"/> E8 | | |
| <input type="radio"/> E9 | | |

73. How many weeks pregnant were you when:

- a. The medical treatment facility confirmed your pregnancy?

_____ Weeks

- b. Your command was notified?

_____ Weeks

- c. You had your first visit for prenatal care?

_____ Weeks

74. If there was more than a two week delay between your finding out and your command being notified, what was the reason for the delay?

- ☐ There was no delay
- ☐ I was on leave or TAD when I found out
- ☐ I wanted to think about or get an abortion
- ☐ I wanted to be sure I was really pregnant
- ☐ I wanted to discuss what to do about my pregnancy with someone else

- ☐ I wanted to delay my command finding out (Please indicate why: ____)
- ☐ Other (specify:_____)

75. Did you fail your BCA and later discover you were pregnant at the time of your BCA failure?

- ☐ Yes
- ☐ No

76. Did you complete the Occupational Exposures of Reproductive or Developmental Concerns health questionnaire (NAVMED 9)?

- ☐ Yes
- ☐ No
- ☐ Don't know

77. During your prenatal care visits, did a doctor, nurse, or other healthcare worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos.

	Yes	No
a. Breastfeeding your baby	0	0
b. Birth control methods to use after your pregnancy	0	0
c. Shaken Baby Syndrome	0	0
d. Postpartum depression	0	0

78. To what type of command were you assigned when you became pregnant?

- ☐ Ship
- ☐ Deployable squadron
- ☐ Other deployable unit
- ☐ Non-deployable squadron
- ☐ Shore activity or command, but not as a student
- ☐ Navy funded school as a student

79. Did you have orders to your next duty station when you became pregnant?

- ☐ Yes
- ☐ No (skip to question 81)

80. (FOR THOSE WHO ANSWERED 4, 5, or 6 in 78) Did you have orders to a ship or

deployable squadron when you became pregnant?

- ☐ Yes
- ☐ No

SKIP TO 83.

81. (FOR THOSE WHO ANSWERED 1,2,3 to question re command type) Were you on your first sea duty tour?

- ☐ Yes
- ☐ No

82. (FOR THOSE WHO ANSWERED 1, 2, or 3 in 78) Where was your unit in the operational cycle when you became pregnant?

- ☐ Deployed
- ☐ Returned from deployment within the past 60 days
- ☐ Not deployed; conducting local operations
- ☐ In pre-deployment training and inspection cycle
- ☐ In industrial availability scheduled for **less than six months**
- ☐ In industrial availability scheduled for **six months or longer**
- ☐ In precommissioning crew

83. Were you (or are you scheduled to be) transferred or moved as a result of being pregnant?

- ☐ No, scheduled to deploy with orders to shore duty (skip to question 90)
- ☐ No, I continued to work where I was before becoming pregnant (skip to question 90)
- ☐ Yes, from sea to shore duty
- ☐ Yes, from overseas shore duty to CONUS
- ☐ Yes, from a deployable aviation station to the air station or non-deploying squadron
- ☐ Yes, from the work center I was in to another work center at the same command
- ☐ Yes, other (specify from and to _____)

84. How many weeks pregnant were you (or will you be) when you were transferred or moved?

_____ Weeks

85. If you were on sea/operational duty at the time, how long before your original prospective rotation date (PRD) were you moved ashore?

☐ I was not on sea duty at the time

_____ Years and _____ Months

86. If you were moved off the ship or transferred from operational duty before the 20th week of your pregnancy, why did it happen?

- ☐ I was not moved before the 20th week
- ☐ Because of medical reasons related to pregnancy
- ☐ Because of medical reasons unrelated to pregnancy
- ☐ Because the ship had a heavy underway schedule or was deploying
- ☐ Because of the ship's policy to transfer pregnant women before the 20th week
- ☐ I don't know why
- ☐ Other (specify _____)

87. Did you ask to be moved?

- ☐ Yes
- ☐ No

88. What type of work did you do while still pregnant after the move?

- ☐ Same as before but in a different location
- ☐ Admin/clerical work that is not in my rating/designator
- ☐ Duty office/phone watch
- ☐ Other

89. Do you feel you were properly employed after you moved?

- ☐ Yes
- ☐ No

90. Before delivery, were your work hours reduced to less than 40 hours per week? (Mark ALL that apply.)

- ☐ Don't know; I'm still pregnant
- ☐ No
- ☐ Yes, during the 1st three months
- ☐ Yes, during the 2nd three months
- ☐ Yes, during the 7th and 8th months
- ☐ Yes, during the last month

91. Did you receive a "purple book", the DoD/VA Pregnancy Guideline booklet?

- ☐ Never heard of it
- ☐ Yes, during first trimester clinic appointment
- ☐ Yes, during second trimester clinic appointment
- ☐ Yes, during third trimester clinic appointment
- ☐ No

92. Where did you deliver the baby?

- ☐ I did not deliver
- ☐ I am still pregnant
- ☐ At a military treatment facility
- ☐ At a civilian hospital
- ☐ Other

(NOTE: If answer to question 68 is anything other than b or c, skip to question 111.)

93. Did you take leave from your local duty station to give birth at a civilian hospital different from the facility where you were receiving your prenatal care?

- ☐ Yes
- ☐ No

The following questions refer to events occurring after your most recent pregnancy if you delivered an infant who survived.

94. How many days were you off after the delivery (convalescent and annual leave) before returning to duty?

_____ Days convalescent leave

_____ Days annual leave

95. During your postpartum care visit, did a doctor, nurse, or other healthcare worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos.

	Yes	No
a. Breastfeeding your baby	0	0
b. Birth control methods to use after your pregnancy	0	0
c. Antenatal and/or Postpartum Depression	0	0
d. Shaken Baby Syndrome Prevention	0	0

96. Did you return to the unit you were assigned to prior to your pregnancy?

- ☐ Does not apply. I was not transferred or sent TAD during pregnancy (skip to question 98)
- ☐ Yes, I had been transferred but returned to my unit (skip to question 98)
- ☐ Yes, I had been TAD but returned to my unit (skip to question 98)
- ☐ No, I stayed with the unit I had been transferred to during my pregnancy
- ☐ No, I went to a different shore-duty command
- ☐ No, I went to a different ship or deployable unit

97. Did you consider this new assignment as career enhancing as your assignment before the pregnancy?

- ☐ It was equally career enhancing
- ☐ It was not as career enhancing
- ☐ It was more career enhancing

98. Did you complete a PFA within 6 months of giving birth?

- ☐ Yes
- ☐ No

99. Were you able to successfully complete your first PFA after your pregnancy waiver expired?

- ☐ Yes, both body composition assessment and physical fitness assessment
- ☐ No, only met the body composition assessment (BCA) portion
- ☐ No, only met the physical fitness assessment portion
- ☐ No, did not meet neither body composition assessment (BCA) nor physical fitness assessment

100. Was 6 months enough time to return to Navy weight and physical fitness standards after giving birth?

- ☐ Yes
- ☐ No

101. Did you ever breastfeed or pump breast milk to feed your baby after delivery?

- ☐ No (skip to question 111)
- ☐ Yes

102. Were you provided a breast pump from your MTF or hospital?

- ☐ Yes
- ☐ No

103. How many months did you breastfeed or pump milk to feed your baby?

- ☐ Less than 1 month
_____ months

104. How many months did you plan to breastfeed or pump milk to feed your baby?

- ☐ Less than 1 month
_____ months

105. Were you breastfeeding or pumping when you returned to duty?

- ☐ No (skip to question 111)
- ☐ Yes

106. Were you given time at work to pump your breasts or breastfeed your baby?

- ☐ Yes, during my breaks or meals
- ☐ Yes, when I needed to
- ☐ No

107. Were you given a comfortable, secluded location for breast feeding or pumping at work?

- ☐ I used the restroom/head
- ☐ Yes, I used a nursing room in the restroom/head
- ☐ Yes, I used a nursing room that was not part of a restroom/head
- ☐ No

108. Were you given a location that included access to clean running water?

- ☐ Yes
- ☐ No

109. Were you able to store your breastmilk in a cool location (e.g., refrigerator or portable cooler)?

- ☐ Yes
- ☐ No

110. If you stopped breastfeeding before you planned because of work, what were your reasons? (Mark all that apply.)

- ☐ Does not apply; I did not stop breastfeeding because of work
- ☐ I didn't think my supervisor would give me time to breastfeed or pump at work
- ☐ My supervisor did not give me the time to breastfeed or pump at work
- ☐ The time I could use to pump needed to be devoted to something else (lunch, working out, etc.)
- ☐ My coworkers wouldn't support my pumping
- ☐ There wasn't any place for me to pump in my work area
- ☐ I didn't have a breast pump
- ☐ I couldn't store my breast milk
- ☐ Other work reason _____

111. Would you intentionally become pregnant to avoid a deployment or scheduled Individual Augmentee (IA) period?

- ☐ Yes
- ☐ No

COMMENTS

112. Do you have any additional comments about the topics covered in this survey? NOTE: 1,000 character limit.

Thank you for your time and input.

For more information on any of the programs listed in the survey, visit the NPC website (<http://www.npc.navy.mil>) or click on the specific program below: (NOTE: links will be automatic, with just title presented)

Career Intermission Pilot Program (<http://www.public.navy.mil/BUPERS-NPC/SUPPORT/TFLW/Pages/CIPP.aspx>)

Paternity Leave (<http://www.public.navy.mil/BUPERS-NPC/SUPPORT/TFLW/Pages/PaternityLeave.aspx>)

Family Care Policy 1740.4D

(<http://doni.daps.dla.mil/Directives/01000%20Military%20Personnel%20Support/01-700%20Morale,%20Community%20and%20Religious%20Services/1740.4D.pdf>)

Navy Guidelines Concerning Pregnancy and Parenthood OPNAV 6000.1C

(<http://doni.daps.dla.mil/Directives/06000%20Medical%20and%20Dental%20Services/06-00%20General%20Medical%20and%20Dental%20Support%20Services/6000.1C.PDF>)

Appendix B:

Survey Notification and Reminder Letters



DEPARTMENT OF THE NAVY
CHIEF OF NAVAL PERSONNEL
701 SOUTH COURTHOUSE ROAD
ARLINGTON, VA 22204-2472

<<name>>
<<address1>>
<<address2>>
<<address3>>
<<address4>>

Dear <<name>>,

You are one of a select group of men and women being asked to complete the 2012 Pregnancy and Parenthood Survey. Pregnancy and parenthood issues can impact ALL Sailors, so your input is **critical** to the accuracy of this effort, regardless of whether you have children or have ever considered having children. Policies decisions have been made based upon the input received on this survey, so help us make the right decisions for our Navy.

Your participation is voluntary, but your feedback is **important** in providing an accurate picture of the Navy. The survey should take about 30 minutes to complete.

There are some personal questions included in this survey. Be assured that your responses will be kept confidential; nothing will be attributed to you personally and it will not have an impact on your or your Navy career. The Navy Personnel Research, Studies, and Technology (NPRST) Department will only provide me with results that summarize the survey findings.

The survey is being conducted online at <http://XXXXXX>. Your user ID to access this survey is:

User ID: <<userid>>

Please take the time to complete the survey **now** while you are thinking of it. Thank you in advance. If you have any problems accessing the survey or if you have any questions, please contact the Project Director, Zannette Uriell, at DSN 882-4641, (901) 874-4641, zannette.uriell@navy.mil.

Thank you for taking some of your valuable time to participate.

Sincerely,

S. R. VAN BUSKIRK
Vice Admiral, U.S. Navy
Chief of Naval Personnel

NPRST LETTERHEAD

«address1»
«address2»
«address3»
«address4»
«address5»

Dear <<name>>,

A few weeks ago, you should have received a letter from VADM Van Buskirk asking you to complete the 2012 Pregnancy and Parenthood Survey online. If you have already taken the time to complete the survey, thank you for your input; no further action is needed.

If you have not already completed the survey, please do so right away at <https://XXXXXXXX>. The survey should take about 30 minutes, and your input is critical to ensuring that our results are valid. Your user ID for this survey is:

User ID: <<userid>>

Participation in the survey is voluntary, however, I strongly encourage that you take part in the survey to ensure that the results we brief to CNP are representative of YOU as well as your fellow Sailors. If you have any questions, please feel free to contact the Project Director, Zannette Uriell, at zannette.uriell@navy.mil, (901) 874-4641, or DSN 882-4641. Thank you for your time and input!

Sincerely,

David Cashbaugh
Director, Navy Personnel Research, Studies,
and Technology (BUPERS-1)

LETTERHEAD

«address1»
«address2»
«address3»
«address4»
«address5»

Dear <<name>>,

About a month ago, you should have received a letter from VADM Van Buskirk asking that you complete the 2012 Pregnancy and Parenthood Survey online. This is a reminder about that survey.

IF YOU HAVE COMPLETED THE SURVEY ALREADY, thank you for your time and input; no further action is needed.

IF YOU HAVE NOT already completed the survey, please do so right away at <https://XXXXXXXXXXXX> . If you prefer, you may instead use our alternate commercial site at <https://www.nprstsurveys.com/XXXXXXX> . Your input is critical to ensuring that our results are valid. Your user ID for this survey is:

User ID: <<userid>>

Participation in the survey is voluntary, however, I ask you to please take part in the survey to ensure an accurate portrayal of Navy opinions. If you have any questions, please feel free to contact the Project Director, Zannette Uriell, at zannette.uriell@navy.mil, (901) 874-4641, or DSN 882-4641. Thank you again for your time and input!

Sincerely,

David Cashbaugh
Director, Navy Personnel Research, Studies,
and Technology (BUPERS-1)

Appendix C: Survey Insert

2012 Pregnancy and Parenthood Survey

Frequently Asked Questions

Q. What is the purpose of the 2012 Pregnancy and Parenthood Survey?

A. The purpose of this survey is to measure Sailor perceptions of issues related to pregnancy and parenthood. Topics include family planning while in the Navy, sexual health training, and birth control knowledge.

Q. I'm a male; why was I selected to take a survey on pregnancy?

A. The survey covers a variety of areas that both men and women can answer. The survey system will automatically skip you over questions that don't relate to you (e.g., "Have you become pregnant in the last year?").

Q. I don't have any children or I don't want children; why should I take this survey?

A. Survey results impact policy and training, issues that relate to Sailors who are single with no children as well as those who are married with children and everything in between. Without responses from ALL Sailor groups, policy and training might not reflect everyone in the Navy.

Q. Why should I answer this survey?

A. Policy decisions are made based upon this survey, so this is your chance to easily influence leadership.

Q. How was I selected for the survey?

A. You were selected at random from the database of all Sailors in the Navy as of the previous month. While we make attempts to not select you for more than one survey in a year, some groups are small and may be invited to participate in several of our surveys.

Q. How long will it take to complete the survey?

A. Approximately 30 minutes.

Q. Who is sponsoring the survey?

A. The survey is sponsored by the Chief of Naval Personnel with the functional sponsor being Navy's Office of Women's Policy (N134W).

Q. Who do I contact if I have any problems relating to the survey, including any technical problems in completing it?

A. Please call the project director at 901 874-4641 (DSN 882) if you have any problems relating to the survey.

Q. Do I have to complete the survey in one sitting?

A. We urge you to do the entire survey at the same time, but the survey will save your answers so that you can return at any time to the question during the fielding period to the place where you left off.

Q. Do I have to answer every question?

A. We would like you to answer to every question so that we have a complete set of results. However, no answer is mandatory.

Q. Can I do the survey during work hours?

A. Yes.

Q. Who will see my answers?

A. The data files are maintained by Navy Personnel Research, Studies, and Technology (NPRST). No data will be disclosed that could be used to identify specific individuals.

Q. Who typically gets the results of the survey?

A. In past years, the survey results have been briefed to the Chief of Naval Personnel and sent/or briefed to the Assistant Secretary of the Navy (M&RA).

Q. How will the survey results be used?

A. The results from this survey are used to answer Congressional questions, develop and update Navy policies, and improve training.

Q. Will I be able to see the survey results?

A. We plan to publish a news article and report once the results have been briefed through the chain of command. Look for something by Summer 2013.

Q. How often is this survey administered?

A. The survey has been administered every two or three years since 1988, making it the oldest continuous survey in the Navy.

Appendix D:

Navy Message Reminder

PAAUZYUW RUCCBWF0001 «julian»«time»-UUUU--RHMCSUU.
ZNR UUUUU
P «day»«time»Z «month» «year» ZYB
FM BUPERS MILLINGTON TN//BUPERS-1//
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BT
UNCLAS //N02300//
MSGID/GENADMIN/BUPERS MILLINGTON TN//
SUBJ/PREGNANCY AND PARENTHOOD SURVEY//
POC/ZANNETTE URIELL/CIVILIAN/BUPERS/LOC:MILLINGTON TN
/TEL:DSN: 882-4641//

RMKS/1. PREGNANCY AND PARENTHOOD IN THE NAVY CAN IMPACT ALL SAILORS, AND NAVY LEADERSHIP IS INTERESTED IN ASSESSING ATTITUDES ABOUT THESE ISSUES. REQUEST THAT PERSONNEL AT YOUR COMMAND PARTICIPATE IN AN INTERNET SURVEY ON THIS ISSUE.

2. PREGNANCY AND PARENTHOOD ISSUES CAN IMPACT ALL SAILORS, SO RESPONDENTS HAVE BEEN RANDOMLY SELECTED BY COMPUTER FROM ALL ACTIVE COMPONENT SAILORS - MEN AND WOMEN - REGARDLESS OF WHETHER THEY HAVE CHILDREN.

3. INDIVIDUAL LETTERS WERE MAILED TO RESPONDENTS IN THE LAST FEW MONTHS. THIS IS A REMINDER MESSAGE, SENT TO ALL OF THE INDIVIDUALS ORIGINALLY SELECTED. IF SELECTED PERSONNEL AT YOUR COMMAND HAVE ALREADY PARTICIPATED, THANK YOU, PLEASE DISREGARD THIS MESSAGE. REQUEST THAT THE PERSONNEL LISTED BELOW BE INVITED TO COMPLETE THE PREGNANCY AND PARENTHOOD SURVEY BY 1 APRIL 2013. RESPECTFULLY REQUEST THAT COMMANDING OFFICERS DESIGNATE THE COMMAND CAREER COUNSELOR TO SERVE AS THE POC FOR THIS EFFORT AND ENSURE THAT SELECTED PERSONNEL ARE NOTIFIED.

4. THOSE SELECTED CAN ACCESS THE SURVEY BY GOING DIRECTLY TO OPINION.NPRST.NAVY.MIL/SURVEYS/PANDP/COVER.HTM. THEY MAY ALSO ACCESS THE SITE FROM THE WWW.NPRST.NAVY.MIL HOME PAGE. ON THE LEFT SIDE OF THE HOME PAGE, CLICK THE OPEN SURVEYS BUTTON.

5. PARTICIPATION IS VOLUNTARY BUT SELECTED PERSONNEL ARE ENCOURAGED TO COMPLETE THIS SURVEY. THE SURVEY IS BEING CONDUCTED BY NAVY PERSONNEL RESEARCH, STUDIES, AND TECHNOLOGY (NPRST), LOCATED IN MILLINGTON, TN. THE RESULTS WILL BE REPORTED IN AGGREGATE ONLY AND WILL NOT BE ASSOCIATED WITH ANY INDIVIDUAL OR COMMAND. RESULTS ARE EXPECTED TO BE RELEASED AFTER THE SURVEY CLOSES, AND POLICY DECISIONS ARE EXPECTED TO BE MADE BASED UPON THE INPUT RECEIVED.

6. THANK YOU IN ADVANCE FOR YOUR SUPPORT OF THIS EFFORT. IF YOU HAVE ANY QUESTIONS ABOUT THIS SURVEY OR ANY PROBLEMS WITH THE WEBSITE, PLEASE CONTACT THE POC AT ZANNETTE.URIELL@NAVY.MIL OR DSN 882-4641.

7. REQUEST THAT YOUR COMMAND POC NOTIFY THE FOLLOWING PERSONNEL OF THE OPPORTUNITY TO COMPLETE THIS SURVEY. PLEASE NOTE: IF INDIVIDUALS LISTED BELOW ARE NO LONGER AT YOUR COMMAND, DISREGARD THE NAME. DO NOT SELECT ANOTHER PERSON TO REPLACE THEM.

NAMES LISTED BELOW:

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NNNN

Appendix E:
Results of the 2012 Pregnancy and Parenthood Survey
Briefing

Results of the 2012 Pregnancy and Parenthood Survey

Zannette Uriell
Navy Personnel Research, Studies, and Technology
(NPRST/BUPERS-1)

Briefing for N-134W
28 May 2013



2012 Pregnancy and Parenthood Survey

Overview

- Background
- Method
- Survey Results
 - Retention Influencers
 - Parenthood
 - Attitudes towards Family Planning and Birth Control
 - Education and Training
 - Paternity
 - Pregnancy
- Overall Summary
- Trend Summary
- Recommendations



2

Background

- Key metrics, such as rates of parenthood and pregnancy, are needed by Navy leaders to make sound policy decisions
- Current databases may not accurately reflect or make readily available key statistics such as single parenthood, family planning attitudes, birth control practices, and pregnancy rates
 - Best source of this information has been the Navy Pregnancy and Parenthood Surveys, conducted since 1988 and sponsored by the Office of Women's Policy (N-134W)
 - » Most funding provided in 2012 by N-154
- Survey satisfies requirements of SECNAVINST 1000.10 to collect objective data for use in evaluation of Department of Navy (DoN) pregnancy policies



3

Method

- Notification letter, including web address of survey and user ID, sent in November 2012 to each person selected; 2 reminder letters to individuals and 1 reminder Navy Message sent to command before field closed in late April 2013
- Permanent Random Number (PRN) used to sample in order to minimize overlap with other large-scale, Navy-wide surveys

	Women	Men
Sent	15,284	10,083
Accessed	3,282	1,909
Useable	3,252	1,886
Return-to-Sender ^a	59	38
Weighted Response Rate	26%	25%

Note: Response rates similar to typical Navy-wide web-based survey response rates.

^a Return-to-Sender count and Response Rate based upon those known to not have received the Navy Message.

Overall Margins of Error		
	Women	Men
Enlisted	+/- 2.8%	+/- 3.9%
Officer	+/- 2.8%	+/- 3.9%

4

Method (Continued)

- Responses statistically weighted to be representative of the Navy population
- Survey updated from 2010 to include more details on long-acting reversible contraceptives (LARCs) as well as new questions on retention influencers and paternity leave
- Where possible, comparisons to previous years are included
 - Percentages and margins of error were compared between 2010 and 2012 results
 - Non-overlapping margins of error are noted and can be considered significant

Retention Influencers

Top 5 Influencers to Stay

The 2012 survey asked respondents whether 22 factors influenced their decision to stay or leave the Navy. A mean score was computed for each factor by giving points to each answer, ranging from -3 for the factor being an influence to leave and +3 an influence to stay. The top 5 influencers overall based on the mean score, as well as those selected as a reason to stay by the most people, are listed below. Key influencers to stay are similar across all 4 groups.

By Mean

Enlisted		Officer	
Women	Men	Women	Men
Job security/stability	Loyalty to nation/service	Loyalty to nation/service	Loyalty to nation/service
Benefits/Pay	Job security/stability	Benefits/Pay	Retirement
Loyalty to nation/service	Benefits/Pay	Retirement	Benefits/Pay
Retirement	Retirement	Job security/stability	Job security/stability
Civilian job opportunities/economy	Career path/milestones	Promotion/Advancement opportunities	Promotion/Advancement opportunities

By Percent Selecting "Influence to Stay"

Enlisted		Officer	
Women	Men	Women	Men
Job security/stability	Loyalty to nation/service	Benefits/Pay	Loyalty to nation/service
Benefits/Pay	Job security/stability	Loyalty to nation/service	Benefits/Pay
Loyalty to nation/service	Benefits/Pay	Job security/stability	Retirement
Retirement	Retirement	Retirement	Job security/stability
Opportunity to reach career milestones	Career path/milestones	Promotion/Advancement opportunities	Promotion/Advancement opportunities



Top 5 Influencers to Leave

Key influencers to leave are displayed below, again by mean (those with the lowest mean) as well as by percent selecting the factor as an influence to leave (factors selected by the most respondents). There are similarities between groups when looking at mean scores of each factor, although "Morale at my command" is more of an influence to leave for enlisted personnel while "Geographic stability" is more of an influence to leave for officers. When just considering how many respondents marked "Influence to Leave", enlisted also include "Leadership at my command" while officer women also include "Availability of childcare".

By Mean

Enlisted		Officer	
Women	Men	Women	Men
The impact of your Navy career on your ability to have a family	The impact of your Navy career on your spouse/family	The impact of your Navy career on your spouse/family	The impact of your Navy career on your spouse/family
The impact of your Navy career on your spouse/family	The impact of your Navy career on your ability to have a family	The impact of your Navy career on your ability to have a family	The impact of your Navy career on your ability to have a family
The balance between work and personal life	The balance between work and personal life	The balance between work and personal life	Length of current or next sea tour/OPTempo
Morale at my command	Length of current or next sea tour/OPTempo	Geographic stability	The balance between work and personal life
Length of current or next sea tour/OPTempo	Morale at my command	Length of current or next sea tour/OPTempo	Geographic stability

By Percent Selecting "Influence to Leave"

Enlisted		Officer	
Women	Men	Women	Men
The impact of your Navy career on your ability to have a family	The impact of your Navy career on your spouse/family	The impact of your Navy career on your ability to have a family	The impact of your Navy career on your spouse/family
The impact of your Navy career on your spouse/family	The balance between work and personal life	The impact of your Navy career on your spouse/family	The balance between work and personal life
The balance between work and personal life	The impact of your Navy career on your ability to have a family	The balance between work and personal life	The impact of your Navy career on your ability to have a family
Morale at my command	Morale at my command	Availability of childcare	Geographic stability
Leadership at my command	Leadership at my command	Geographic stability	Length of current or next sea tour/OPTempo

Retention Influencers: *Enlisted Women*

Below are the complete results for enlisted women, sorted by mean score of each factor.

Please indicate whether the following factors have influenced you (contributed to your decision) to stay, influence you to leave, or had no effect on your Navy career intentions.

	Stay	No Effect	Leave	Mean
Job security/stability	80%	13%	7%	1.73
Benefits/Pay	78%	12%	10%	1.68
Loyalty to nation/service	73%	23%	4%	1.64
Retirement	59%	24%	7%	1.25
Civilian job opportunities/economy	56%	25%	18%	0.81
Opportunity to reach career milestones	57%	25%	18%	0.78
Career path/milestones	55%	29%	16%	0.76
Promotion/Advancement opportunities	54%	23%	23%	0.69
Availability of professional guidance	52%	26%	21%	0.61
Alternative career paths outside my current community/rating, but still within the Navy	43%	41%	17%	0.53
Current job satisfaction	49%	18%	33%	0.39
Alternate career paths available within my current community/rating in the Navy	42%	36%	22%	0.37
Geographic stability	41%	33%	25%	0.35
Availability of personal guidance	42%	35%	23%	0.34
Leadership in the Navy	41%	24%	35%	0.04
Availability of childcare	23%	50%	27%	-0.09
Leadership at my command	40%	19%	41%	-0.09
Length of current or next sea tour/OTEMPO	27%	41%	32%	-0.14
Morale at my command	36%	19%	45%	-0.25
The balance between work and personal life	35%	14%	52%	-0.35
The impact of your Navy career on your spouse/family	22%	25%	53%	-0.69
The impact of your Navy career on your ability to have a family	20%	20%	60%	-0.90

Sorted by Mean. "Stay" influence to stay (answers 1,2,3); "Leave" influence to leave (answers 5,6,7); "Mean" computed with the value of "No Effect" as 0.

Retention Influencers: *Enlisted Men*

Results for enlisted men are similar to those of enlisted women, although they show that men may be slightly more likely to stay in the Navy than women. Two factors ("The impact of your Navy career on your ability to have a family" and "Availability of childcare") are more of a factor to leave for enlisted women than men.

Please indicate whether the following factors have influenced you (contributed to your decision) to stay, influence you to leave, or had no effect on your Navy career intentions.

	Stay	No Effect	Leave	Mean
Loyalty to nation/service	81%	16%	4%	1.91
Job security/stability	77%	14%	9%	1.61
Benefits/Pay	77%	12%	11%	1.54
Retirement	68%	24%	7%	1.30
Career path/milestones	60%	27%	13%	0.96
Availability of professional guidance	58%	27%	14%	0.89
Opportunity to reach career milestones	58%	27%	15%	0.88
Civilian job opportunities/economy	59%	20%	21%	0.82
Promotion/Advancement opportunities	56%	23%	21%	0.75
Availability of personal guidance	45%	38%	16%	0.58
Alternative career paths outside my current community/rating, but still within the Navy	44%	41%	15%	0.57
Current job satisfaction	53%	19%	28%	0.54
Geographic stability	44%	34%	22%	0.49
Alternate career paths available within my current community/rating in the Navy	44%	35%	21%	0.45
Leadership in the Navy	44%	27%	29%	0.32
Availability of childcare	26%	61%	13%	0.28
Leadership at my command	44%	25%	31%	0.24
Morale at my command	40%	23%	36%	0.05
Length of current or next sea tour/OTEMPO	30%	43%	27%	0.04
The balance between work and personal life	34%	19%	48%	-0.23
The impact of your Navy career on your spouse/family	24%	29%	47%	-0.40
The impact of your Navy career on your ability to have a family	25%	27%	48%	-0.42

Sorted by Mean. "Stay" influence to stay (answers 1,2,3); "Leave" influence to leave (answers 5,6,7); "Mean" computed with the value of "No Effect" as 0.

Retention Influencers: *Officer Women*

Mean scores for officer women show a wider range than seen for enlisted; "Loyalty to nation/service" is a stronger influence to stay while impacts of the Navy on family and ability to have a family are stronger influences to leave.

Please indicate whether the following factors have influenced you (contributed to your decision) to stay, influence you to leave, or had no effect on your Navy career intentions.

	Stay	No Effect	Leave	Mean
Loyalty to nation/service	87%	12%	1%	1.96
Benefits/Pay	88%	7%	4%	1.92
Retirement	81%	17%	3%	1.85
Job security/stability	84%	13%	3%	1.71
Promotion/Advancement opportunities	67%	22%	12%	1.14
Opportunity to reach career milestones	62%	24%	14%	0.98
Career path/milestones	59%	23%	15%	0.79
Current job satisfaction	60%	10%	29%	0.74
Availability of professional guidance	54%	27%	19%	0.66
Leadership at my command	52%	20%	28%	0.52
Civilian job opportunities/economy	46%	30%	24%	0.39
Alternative career paths outside my current community/rating, but still within the Navy	33%	50%	17%	0.35
Morale at my command	48%	20%	31%	0.35
Alternate career paths available within my current community/rating in the Navy	40%	35%	25%	0.32
Leadership in the Navy	48%	22%	30%	0.31
Availability of personal guidance	35%	42%	23%	0.22
Length of current or next sea tour/OTEMPO	24%	43%	33%	-0.17
Geographic stability	28%	31%	41%	-0.22
Availability of childcare	14%	57%	30%	-0.29
The balance between work and personal life	30%	8%	63%	-0.66
The impact of your Navy career on your spouse/family	15%	18%	67%	-1.05
The impact of your Navy career on your ability to have a family	11%	23%	67%	-1.21

Sorted by Mean. "Stay"/influence to stay (answers 1,2,3); "Leave"/influence to leave (answers 5,6,7); "Mean" computed with the value of "No Effect" as 0.

Retention Influencers: *Officer Men*

When looking at the percentage who indicate a factor is an influence to stay or leave, eight factors show at least a 10% difference between officer men and women. The largest difference from women was for "The impact of your Navy career on your ability to have a family"; 2/3 of the women officers feel this is an influence to leave while less than half of men felt the same.

Please indicate whether the following factors have influenced you (contributed to your decision) to stay, influence you to leave, or had no effect on your Navy career intentions.

	Stay	No Effect	Leave	Mean
Loyalty to nation/service	92%	7%	1%	2.16
Retirement	86%	10%	4%	2.00
Benefits/Pay	91%	6%	3%	1.96
Job security/stability	86%	12%	3%	1.71
Promotion/Advancement opportunities	72%	14%	14%	1.19
Current job satisfaction	70%	11%	19%	1.14
Opportunity to reach career milestones	67%	21%	12%	1.03
Leadership at my command	62%	22%	16%	0.93
Career path/milestones	64%	23%	14%	0.89
Availability of professional guidance	58%	29%	13%	0.86
Morale at my command	59%	23%	19%	0.81
Civilian job opportunities/economy	47%	31%	22%	0.48
Availability of personal guidance	39%	50%	11%	0.46
Leadership in the Navy	48%	24%	28%	0.35
Alternative career paths outside my current community/rating, but still within the Navy	33%	51%	15%	0.35
Alternate career paths available within my current community/rating in the Navy	38%	38%	24%	0.26
Availability of childcare	16%	70%	14%	0.06
Geographic stability	33%	25%	41%	-0.09
The balance between work and personal life	41%	11%	48%	-0.12
Length of current or next sea tour/OTEMPO	23%	42%	34%	-0.16
The impact of your Navy career on your spouse/family	22%	33%	45%	-0.36
The impact of your Navy career on your ability to have a family	25%	14%	61%	-0.67

Sorted by Mean. "Stay"/influence to stay (answers 1,2,3); "Leave"/influence to leave (answers 5,6,7); "Mean" computed with the value of "No Effect" as 0.

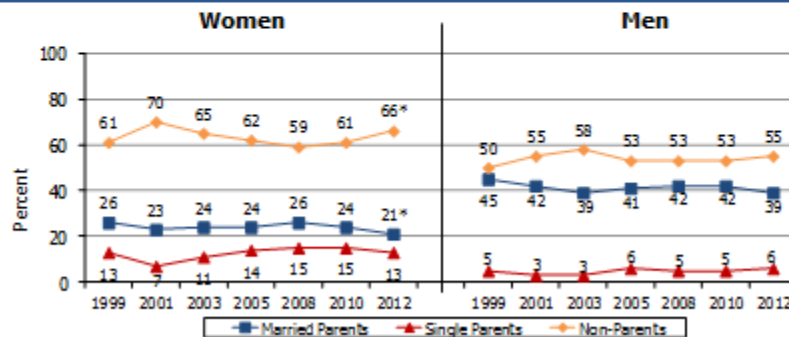
Parenthood Results



2012 Pregnancy and Parenthood Survey

General Parenthood Results

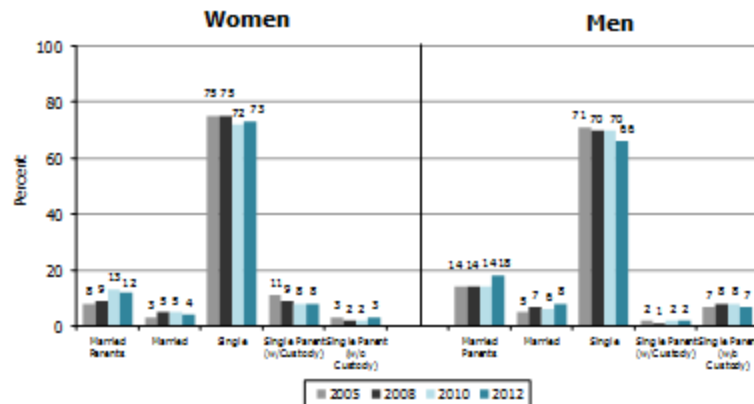
The 2012 survey asked respondents if they were currently an "unmarried" parent (previous versions has asked about "single" parent). Rates of single parenthood are similar to previous years, with estimated numbers of approximately 5,903 single mothers and 13,916 single fathers (based upon Navy population numbers at the time survey administration began). While there are more single fathers than mothers, women have a higher rate of single parenthood than men. All parents were asked if their child is in the Exceptional Family Member program; 4% of men and 9% of women indicated they are.



(Note: In 2012, percentages equate to about 5,903 female single parents and 13,916 male single parents.
* Significant difference between 2010 and 2012.

Family Status When Entering the Navy: *Enlisted*

The majority of enlisted who have ever been a parent while in the Navy are single when they join, similar to previous findings. About 10% of both genders are single parents when they enlist, but women are more likely to have custody than men.



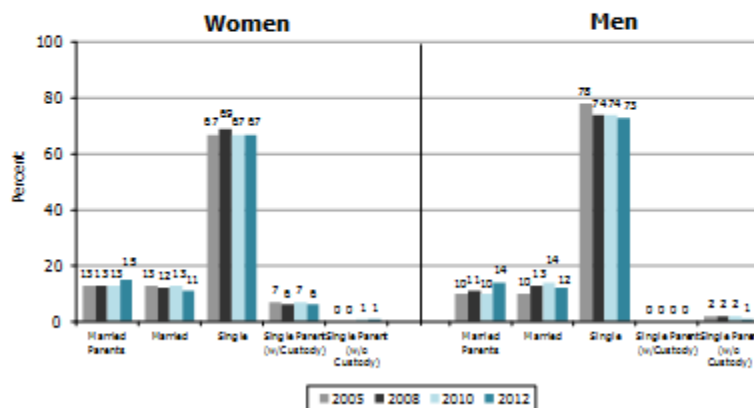
Note: Includes only those who have ever been a parent while in the Navy.



15

Family Status When Entering the Navy: *Officer*

Similarly, most officers who have ever been a parent while in the Navy are single when they join. Six percent of women are single parents with custody when they join, while 1 percent of men are also single parents, but without custody.



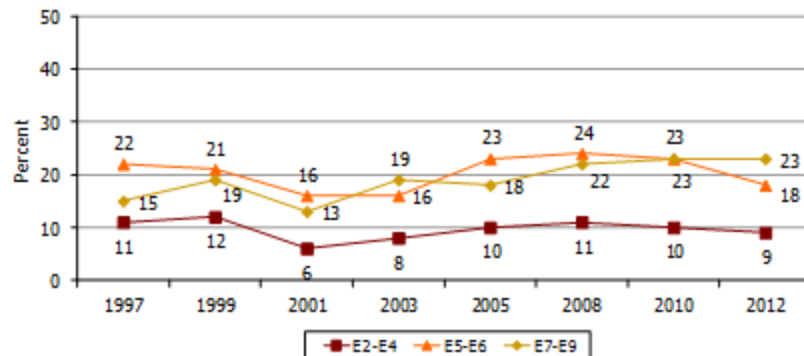
Note: Includes only those who have ever been a parent while in the Navy.



16

Female Enlisted Single Parents with Custody

Percentages of those who are single parents with custody are similar to previous results; about 1 in 5 enlisted women E5 and above are single parents with some form of custody. Most women (60% overall) are unmarried when their child is born while 35% become single parents through divorce, similar to previous findings.

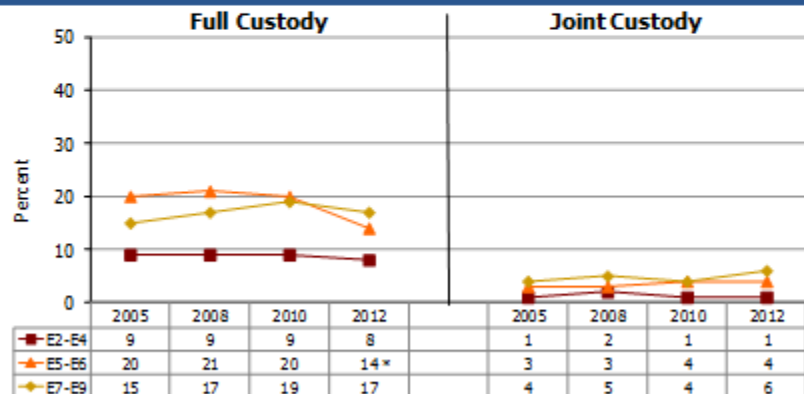


Note: "Single Parents with Custody" includes those who have sole custody and those who have any joint custody arrangement.

17

Female Enlisted Single Parents with Full or Joint Custody

Rates of custody for enlisted single mothers are similar to previous years; most enlisted single mothers have full custody. Of those who are single parents with custody, 46% indicate they receive financial support from the other parent while 19% indicate they do not, but legally should. Of those who do not have custody, 80% indicate they provide financial support for their child.

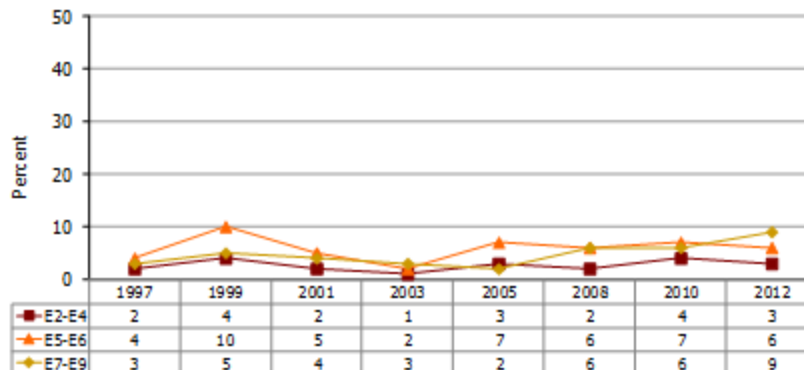


* Significant difference between 2010 and 2012.

18

Male Enlisted Single Parents with Custody

In terms of percentage, enlisted men are less likely to be single parents than enlisted women. Most (47% overall) become single parents through divorce, while an additional 41% are unmarried when their child is born.

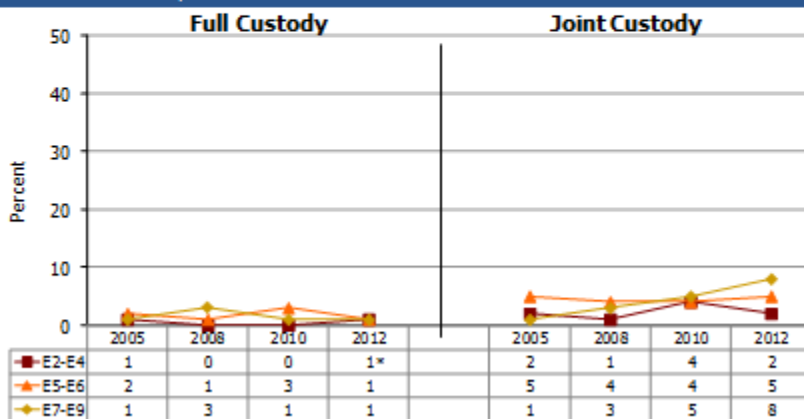


Note: "Single Parents with Custody" includes those who have sole custody and those who have any joint custody arrangement.

19

Male Enlisted Single Parents with Full or Joint Custody

Enlisted single fathers are more likely to have joint custody than full custody. Single parents with any custody were asked if they received financial support; 4% do while another 3% indicate they do not but legally should. Those without custody were asked if they financially support their child; 95% indicated that they do.

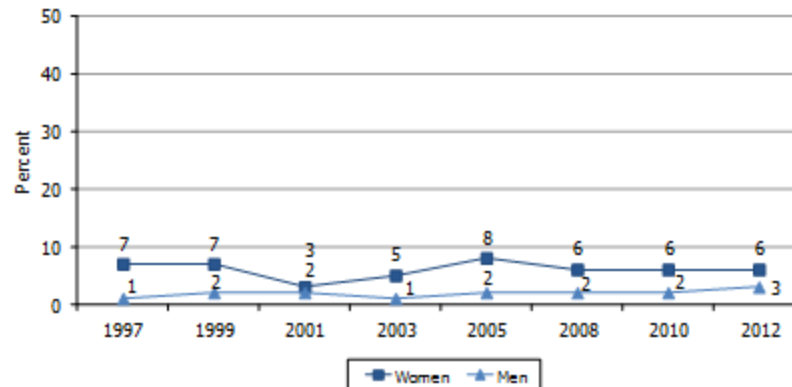


* Significant difference between 2010 and 2012.

20

Officer Single Parents with Custody

Few officers are single parents so results are not presented by paygrade group. Female officers continue to be somewhat more likely than male officers to be single parents. Eighty-four percent of male officers and 54% of female officers become single parents through divorce.

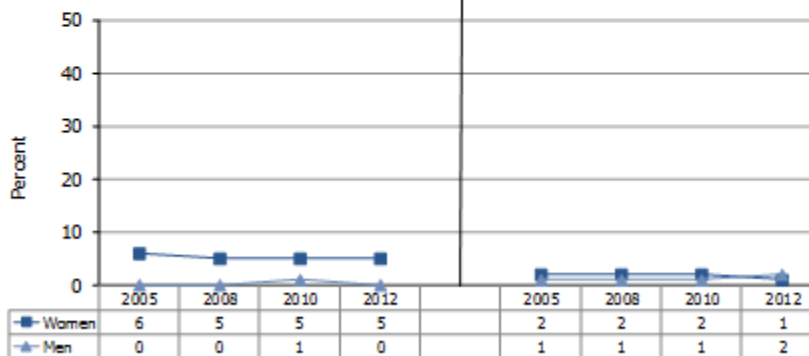


Note: "Single Parents with Custody" includes those who have sole custody and those who have any joint custody arrangement.

21

Officer Single Parents with Full or Joint Custody

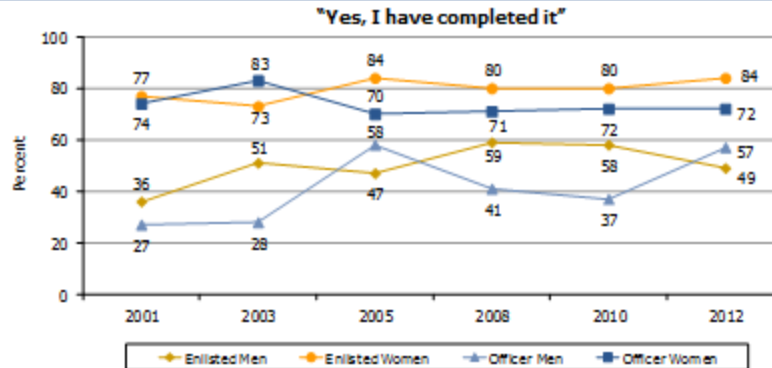
As with enlisted, a higher percentage of officers have full custody of their children when compared to men, but rates of joint custody are similar between women and men. Of those who are single parents with some form of custody, 34% of women and 5% of men indicate they do receive financial support from the other parent while 19% of women and none of the men indicate they do not but legally should. All officers who do not have custody provide financial support to their children.



22

Family Care Plan Compliance if Children under 19 Years

Single parents and dual-military parents are required to complete a Family Care Plan (OPNAVINST 1740.4 series) if they have children under 19 years of age. While the question wording changed in 2012 to ask about completion within the last year (instead of since arriving at the command), results show that completion rates are similar to previous years for women; results for men should be interpreted cautiously because of the low numbers who are required to complete the form.

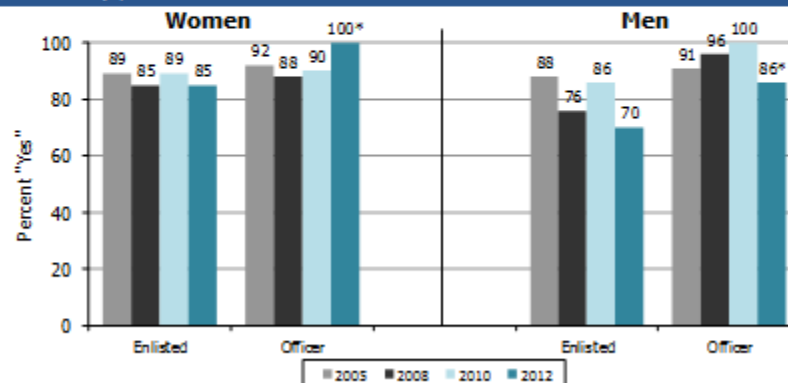


Note: Results for males should be viewed with caution due to low numbers of respondents.

23

Undocumented Family Care Plans if Children under 19 Years

Those single parents or dual-military parents who had not completed a Family Care Plan were asked if they had some undocumented plan in place for the care of their children should they be absent for mission requirements (e.g., deployment). The majority do have a plan in place, with results being similar to previous results. About 9% of males and 2% of females have no (documented or undocumented) plan.



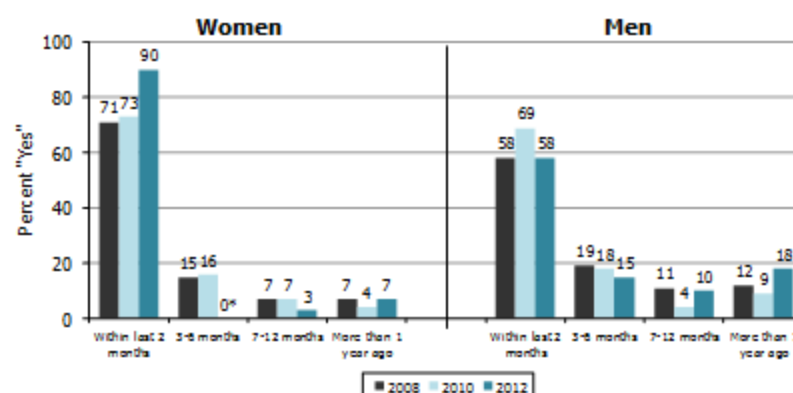
Note: Results for female officers, male officers, and male enlisted should be viewed with caution due to low numbers of respondents. Results only include those who indicated "Yes, because I have not been here 90 days yet", "Yes, I have not been told to complete the form", or "No, but I have been told to complete the form" to previous question about MCP completion.

* Significant difference between 2010 and 2012.

24

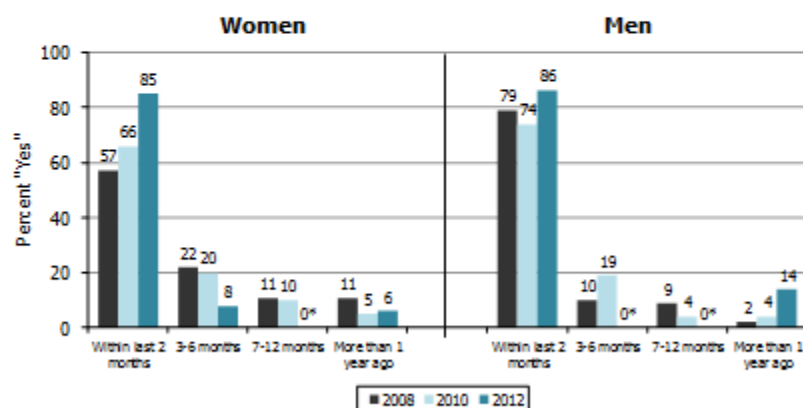
Last Contact with Caregiver: *Enlisted*

Single parent and dual-military parents of children under 19 years were asked about how recently they had confirmed their plans with the expected caregiver. The majority of enlisted had contacted their caregiver within the last 2 months.



Last Contact with Caregiver: *Officer*

While results should be interpreted cautiously due to the low number of single or dual-military officer parents, results seem consistent with those for enlisted; the majority of the officers had contacted their planned caregiver within the last two months.



Note: Results for female officers and males should be viewed with caution due to low numbers of respondents.
* Significant difference between 2010 and 2012.

Ability to Execute Family Care Plan: *Enlisted*

Single and dual-military respondents were asked about the time to execute their plans (documented or undocumented). Results show parents are more likely to be able to execute their Family Care Plan when there is a longer delay, with most being able to do so if there is a month's notice. Results are generally similar to previous years.

	Percent "Yes"							
	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Deployed tomorrow for an unspecified length of time	62	56	59	69*	75	53	66	81
Deployed next week for an unspecified length of time	81	73	78	81	91	71	81	84
Deployed next month for an unspecified length of time	91	88	91	94	98	91	91	94

Note: Results for male enlisted should be viewed with caution due to low numbers of respondents.
Could you execute your Family Care Plan (documented or undocumented) if you:

* Significant difference between 2010 and 2012.

Ability to Execute Family Care Plan: *Officer*

As with enlisted, longer lead time led to better expected execution rates of Family Care Plans for officer parents; over 9 in 10 of both men and women officers say they could execute their plans if they received a month's notice of a deployment.

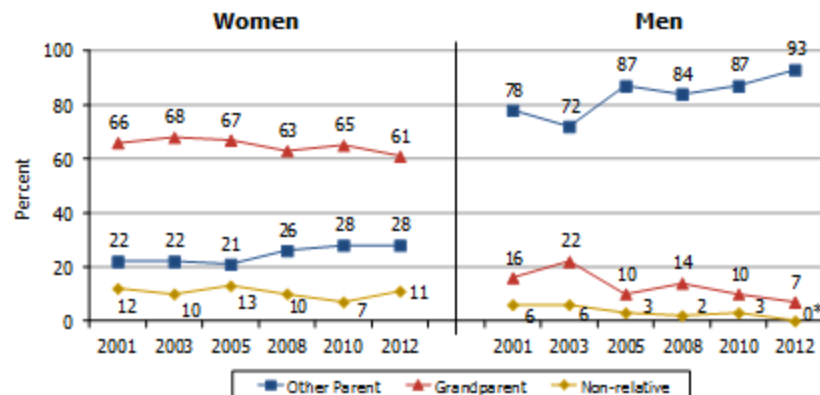
	Percent "Yes"							
	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Deployed tomorrow for an unspecified length of time	67	58	59	64	73	77	70	84
Deployed next week for an unspecified length of time	86	77	79	78	88	79	78	89
Deployed next month for an unspecified length of time	94	92	93	93	97	89	96	100*

Note: Results for should be viewed with caution due to low numbers of respondents.
Could you execute your Family Care Plan (documented or undocumented) if you:

* Significant difference between 2010 and 2012.

Who Cares for Child When You Deploy: *Enlisted Single Parents*

Single mothers continue to be most likely to ask their child's grandparent to care for their child when they deploy, while children of single fathers go to (or live full-time with) the child's mother.

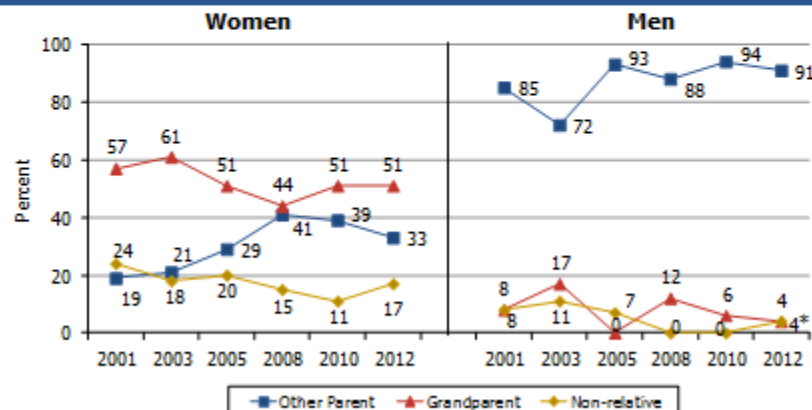


Note: Results for male enlisted should be viewed with caution due to low numbers of respondents.
* Significant difference between 2010 and 2012.

29

Who Cares for Child When You Deploy: *Officer Single Parents*

Because of the few officers who are single parent, results should be interpreted with caution. As with enlisted men, fathers tend to have the child's mother take care of the child when deployed. About half of officer women ask the child's grandparent to care for their children, while another 1/3 ask the child's father.

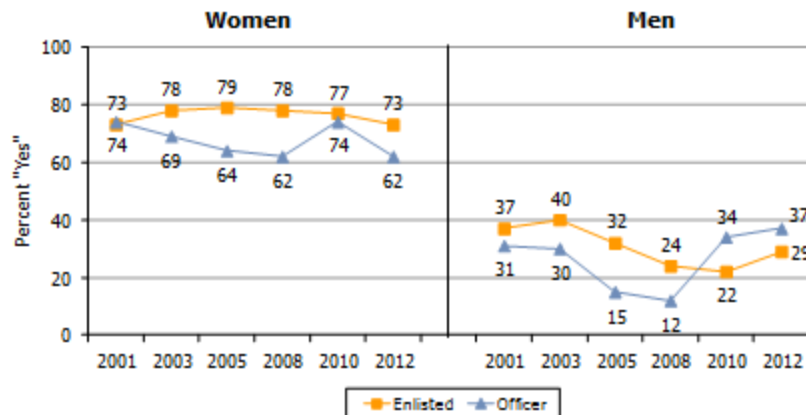


Note: Results for officers should be viewed with caution due to low numbers of respondents.
* Significant difference between 2010 and 2012.

30

Does Your Child Move When You Deploy: *Single Parents*

Because of the potential upheaval in a child's life when their single parent deploys, respondents were asked if their children also needed to temporarily move into another home. Almost ¾ of single mothers say that their child does move while fewer single fathers indicate the same.



Note: Results for female officers and males should be viewed with caution due to low numbers of respondents.

31

Parenthood Summary

- Percentage estimates of single parenthood in the Navy are similar to previous findings; about 13% of women (about 6,000) and 6% of men (about 14,000) are single parents
- Results for single parenthood rates are similar to previous findings
- About 19% of single mothers indicate they do not receive financial support from their child's father but they legally should
- Family Care Plan compliance continues less than 100%, although most who have not completed the formal plan have some undocumented plan in place

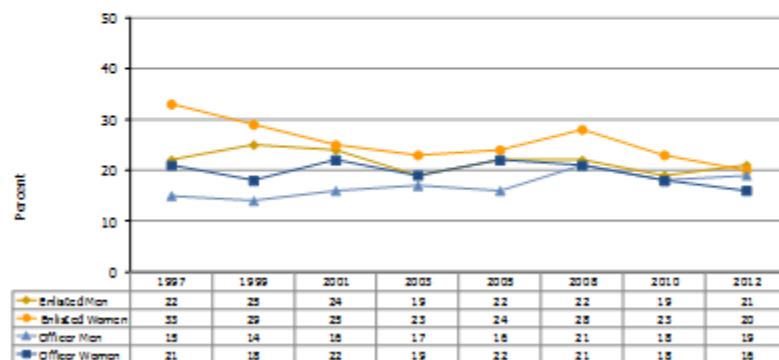
32

Attitudes Towards Family Planning and Birth Control

2012 Pregnancy and Parenthood Survey

A Navy Woman Should Become Pregnant Whenever She Wants

Respondents were asked when in her Navy career a woman should become pregnant. Answer choices ranged from "Never, being in the Navy and motherhood are not compatible" to "Whenever the woman wants a child". Results show that about 20% of the Navy believes a woman should have a child "whenever she wants", the answer least reflective of Navy career planning. Results for most groups are similar to previous years.



Sea/Shore Rotation and Family Planning

When asked about whether their current sea/shore rotation was adequate for planning a family, 2/3 of officer men, almost half of enlisted men and officer women, and 4 in 10 enlisted women felt it was. Almost as many enlisted women indicate it is not adequate as indicate that it is adequate, an increase over the two administrations. About 20% of all groups do not know, possibly because they are not yet planning a family.

My current sea/shore rotation is adequate for family planning.

	Enlisted						Officer					
	Women			Men			Women			Men		
	2008	2010	2012	2008	2010	2012	2008	2010	2012	2008	2010	2012
Yes	46	46	42	50	54	49	55	54	48*	69	68	65
No	33	32	39*	31	26	31	31	28	33*	20	17	20
Don't know	21	22	20	19	20	20	14	18	19	11	16	16

* Significant difference between 2010 and 2012.

Family Planning Attitudes: *Enlisted*

Several questions were asked of respondents relating to attitudes towards birth control for family planning. Results continue to be similar to previous years; most enlisted feel birth control is important before marriage. Enlisted men are more likely than enlisted women to have intercourse without birth control if their partner wants.

Please indicate how well each statement reflects your beliefs.

	Women						Men					
	2001	2003	2005	2008	2010	2012	2001	2003	2005	2008	2010	2012
I think it is important to use birth control until getting married.	--	--	91	90	91	90	--	--	93	94	93	92
I think it is important to use birth control after getting married.	--	--	84	84	84	a	--	--	83	84	83	81
I have had sexual intercourse without using birth control even though I did not want to father a child/get pregnant.	59	57	60	63	59	59	64	63	67	69	64	64
I would have sexual intercourse without birth control if my partner wanted me to.	28	29	35	38	40	40	63	62	64	64	70	70
When a birth control method is not available, I believe you just have to take a chance and hope that a pregnancy does not result.	15	15	18	20	20	17	35	31	35	35	36	35

Note: Percentages include those who indicated "Slightly true of me," "Somewhat true of me," "Mostly true of me," and "Completely true of me."
* Programming error, results not available.

Family Planning Attitudes: *Enlisted*

(Continued)

As on the prior questions, results are similar to previous years. The largest difference between enlisted men and women still is about birth control being the responsibility of the woman; women are more likely to feel this is at least slightly true of them than men.

Please indicate how well each statement reflects your beliefs.

	Women						Men					
	2001	2003	2005	2008	2010	2012	2001	2003	2005	2008	2010	2012
I make it my responsibility to discuss birth control with my partner.	95	95	94	94	95	95	92	93	92	91	92	92
I think it is important for men to get involved with birth control.	98	96	95	96	95	95	96	95	94	95	93	94
My most recent partner encouraged use of birth control.	84	83	83	82	83	83	82	84	82	81	81	82
Birth control is the responsibility of the woman.	54	54	56	58	63	61	28	31	37	39	42	43

Note: Percentages include those who indicated "slightly true of me," "somewhat true of me," "mostly true of me," and "completely true of me."

Family Planning Attitudes: *Officer*

Results are similar for officers to findings in previous surveys, and slightly more extreme than enlisted results. As with enlisted, the largest difference between genders relates to having intercourse without birth control if the partner wanted them to, followed by having intercourse without birth control even if they do not want a child.

Please indicate how well each statement reflects your beliefs.

	Women						Men					
	2001	2003	2005	2008	2010	2012	2001	2003	2005	2008	2010	2012
I think it is important to use birth control until getting married.	--	--	95	94	94	94	--	--	96	92	95	92
I think it is important to use birth control after getting married.	--	--	93	93	93	a	--	--	94	91	91	89
I have had sexual intercourse without using birth control even though I did not want to father a child/get pregnant.	36	37	38	37	35	36	55	51	57	54	54	53
I would have sexual intercourse without birth control if my partner wanted me to.	16	17	17	20	23	22	50	51	53	56	57	56
When a birth control method is not available, I believe you just have to take a chance and hope that a pregnancy does not result.	6	5	8	9	8	7	19	17	17	19	20	18

Note: Percentages include those who indicated "slightly true of me," "somewhat true of me," "mostly true of me," and "completely true of me."

* Programming error, results not available.

Family Planning Attitudes: *Officer*

(Continued)

Women officers are much more likely than men officers to indicate that "Birth control is the responsibility of the woman" is at least slightly true for them.

Please indicate how well each statement reflects your beliefs.

	Women						Men					
	2001	2003	2005	2008	2010	2012	2001	2003	2005	2008	2010	2012
I make it my responsibility to discuss birth control with my partner.	95	97	96	96	96	96	92	96	96	96	96	96
I think it is important for men to get involved with birth control.	98	98	97	97	97	97	96	98	97	97	97	97
My most recent partner encouraged use of birth control.	84	93	93	91	92	93	82	91	91	89	89	91
Birth control is the responsibility of the woman.	54	64	58	61	66	63	28	28	28	26	29	22*

Note: Percentages include those who indicated "slightly true of me," "somewhat true of me," "mostly true of me," and "completely true of me."
* Significant difference between 2010 and 2012.

Family Planning Discussions

Respondents were asked if they had a family planning discussion with a medical provider in the past year. About 15% of men (15% of enlisted and 13% of officers) and a third of women (33% of enlisted and 29% of officers) had. Respondents were also asked if they had discussed family planning while in the Navy with someone outside the medical field. Navy men and women are most likely to discuss family planning with their friends and family members. About 4 in 10 indicate that they do not discuss family planning with anyone.

Have you discussed how to plan a family while in the Navy with any of the following people?

	Enlisted		Officer	
	Women	Men	Women	Men
	2012	2012	2012	2012
Mentor	18	15	25	17
Chaplain	3	5	3	7
Friend	43	33	54	35
Family member	42	35	47	38
FFSC counselor	4	5	2	1
Career Counselor	5	5	1	1
No one	41	49	32	46
Other	11	7	12	7

Impact of Sabbatical on Retention

The 2012 survey again asked respondents if they had heard of the Career Intermision Pilot Program and provided a short description of it. About 1 in 5 enlisted (18% of enlisted men and 15% of enlisted women, a significant decrease for enlisted women) have heard of it, compared to about half of officers (48% of male officers and 55% of female officers). For the majority of the Navy, the CIPP has no impact on their motivation to stay in the Navy.

How does this program impact your desire to stay in the Navy?

	Enlisted				Officer			
	Women		Men		Women		Men	
	2010	2012	2010	2012	2010	2012	2010	2012
Motivate me to remain in the Navy	23	27	21	21	29	30	16	18
Has no impact on my motivation to remain in the Navy	74	71	75	76	69	69	81	78
Motivate me to leave the Navy	4	3	4	3	2	1	3	3

Post-Partum Operational Deferment Changes

Respondents were given a brief description of the current post-partum operational deferment policy (non-deployable for 12 months after giving birth) and asked about potential changes to the policy. The majority continue to recommend leaving the policy as it is.

If the policy were changed, how do you think it should be changed?

	Enlisted				Officer			
	Women		Men		Women		Men	
	2010	2012	2010	2012	2010	2012	2010	2012
Leave the policy as is	60	62	58	59	60	64	64	66
Shorten the policy to 9 months	--	3	--	5	--	3	--	5
Shorten the policy to 6 months	3	2	13	10	4	2	15	10*
Increase the operational deferment time	27	24	14	8*	28	22*	8	8
Allow 6 months operational deferment for those with less than 5 years of service, 12 months for members with over 5 years	10	9	16	17	9	9	13	11

* Significant difference between 2010 and 2012.

Paternity Leave Changes

Respondents were given a brief description of the current paternity leave policy (10 days non-chargeable leave in connection with birth for married fathers) and asked how they thought the policy should be changed. About half of the Navy believes paternal leave should be extended to between 11 and 21 days, with almost another ¼ believing it should be longer than 21 days.

If the policy were changed, how do you think it should be changed?

	Enlisted		Officer	
	Women	Men	Women	Men
	2012	2012	2012	2012
Leave the policy as is	18	26	27	37
Shorten the policy to 5 days	1	1	1	2
Increase the policy to between 11 and 21 days	56	46	53	43
Increase the policy to greater than 21 days	25	27	19	18

Pregnancy to Avoid Deployment

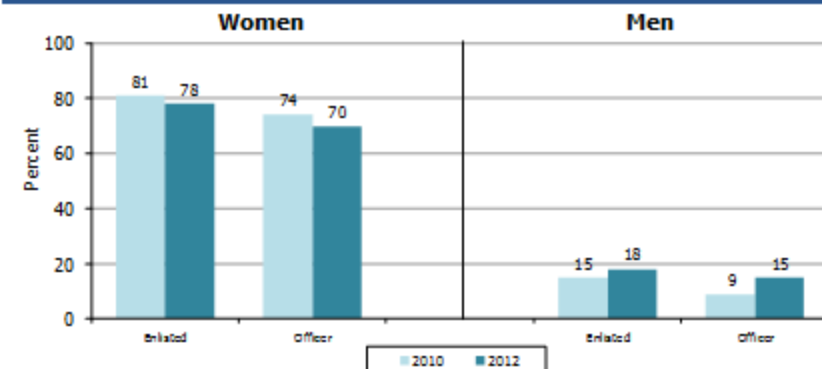
Women were asked if they would intentionally become pregnant to avoid deploying, and results are comparable to previous years; about 1% of enlisted women and 3% of officer women indicated that they would.

Would you intentionally become pregnant to avoid a deployment or scheduled Individual Augmentee (IA) period?

	Enlisted			Officer		
	2008	2010	2012	2008	2010	2012
Yes	4	3	1	5	3	3
No	96	98	99	95	97	97

Birth Control Discussed at Physical Exam

Respondents were asked if birth control options were discussed with medical providers in the last year (worded slightly different from 2010, when the question asked about their last physical exam). Birth control is generally discussed with women but rarely discussed with men. In addition, respondents were asked if they had ever used or considered using in vitro fertilization (IVF). About 10% of men (8% of enlisted and 9% of officers) and over 15% of women (15% of enlisted, 20% of officers) have used or considered IVF.



Note: Question wording changed from 2010 ("During my last physical exam, birth control options were discussed") to 2012 ("In the last year, has a medical provider discussed birth control options with you?"), so statistical differences not computed.

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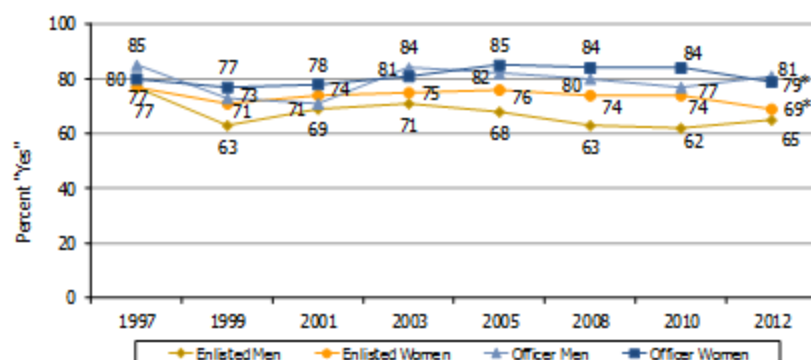
Long-Acting Reversible Contraceptives

After the 2010 survey, a formal plan was created to address the rates of unplanned pregnancy that were found. Part of this plan revolved around long-acting reversible contraceptives (LARCs) such as hormonal implants (Implanon) and intrauterine devices (IUDs) and systems (IUSs) such as Mirena and Paragard. The 2012 survey included questions about knowledge of LARCs. About half of enlisted women (almost 1/3 of officers) indicated they had discussed LARCs at their last physical exam. A slight majority of women feel that they could discuss advantages and disadvantages of LARCs with other women.

% "Yes"		
	Enlisted	Officer
	2012	2012
At your last physical exam, did you and your medical provider discuss the advantages and disadvantages of using LARCs?	51	31
Have you had a discussion with someone outside of the medical field about the advantages and disadvantages of using LARCs?	44	31
Do you feel you understand the advantages and disadvantages of LARC enough that you could explain them to another woman?	65	55

I or My Partner Usually Use Birth Control

About 2/3 of enlisted usually use a form of birth control while 8 in 10 officers indicate the same. The rates for enlisted women are the lowest found since the question has been asked.



Note: Sterilization was calculated into the 1997 numbers based upon answers to a separate question; this was not done in 1999 nor 2001. Sterilization was part of the question in 2003 and 2005. Hysterectomy was included in a separate question, and was calculated into 2008-2012 to be consistent with 2003 and 2005.

* Significant difference between 2010 and 2012.

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Reasons for Not Using Birth Control: Enlisted

Enlisted women are most likely to indicate that they do not use birth control because they are pregnant or trying to get pregnant, as compared to the other choices listed on the survey. One in 4 enlisted men and 1 in 5 enlisted women do not use birth control because they do not want to. The most common "Other" reason for women was that they are homosexual (68% of the write-ins) and for men was because of the physical impacts (34% of the write-ins). (NOTE: DADT was repealed prior to the 2012 survey administration.)

Why don't you use birth control?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Do not have sex	19	19	20	18	19	14	16	19
Not fertile	6	3	5	6	6	5	4	5
Religion or personal beliefs do not permit	3	4	5	3	6	3	5	4
Do not want to	16	18	22	21	20	17	29	27
Not comfortable discussing or getting	---	---	3	3	---	---	5	7
Pregnant or trying to get pregnant	31	32	31	30	17	20	24	23
Other	23	23	14	20	29	39	17	15

Note: On the 2008 and 2010 survey, hysterectomy was listed a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.

In 2012, the "Other" answer included a written space, and responses were read to determine if preexisting categories were appropriate. The written was not included prior to 2010.

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Reasons for Not Using Birth Control: *Officers*

The most common reason for officers not to use birth control is because they or their partner are pregnant or trying to become pregnant. The "Other" write-ins mirrored enlisted findings: 88% of the write-ins for women related to them being homosexual while 40% of the write-ins for men related to physical issues caused by birth control.

Why don't you use birth control?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Do not have sex	23	29	28	22	12	12	11	9
Not fertile	16	8	8	6	16	10	11	10
Religion or personal beliefs do not permit	5	5	5	11	8	11	15	15
Do not want to	6	9	17	8	12	17	20	25
Not comfortable discussing or getting	---	---	0	1*	---	---	2	2
Pregnant or trying to get pregnant	30	34	37	40	31	28	32	28
Other	19	16	5	13	22	21	9*	11

Note: On the 2008 and 2010 survey, hysterectomy was listed a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.

In 2012, the "Other" answer included a write-in space, and responses were read to determine if providing categories were appropriate. The write-in was not included prior to 2010.

* Significant difference between 2010 and 2012.

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Birth Control Options: *Enlisted*

Most enlisted personnel usually use the condom or the birth control pill. Twenty-three percent of men and 33% of women are using a LARC (IUD, IUS, or implant).

What method(s) of birth control do you or your partner usually use?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Tubal ligation/Essure/Hysterectomy**	--	6	6	4	--	9	12	8
Vasectomy**	--	5	6	5	--	13	13	11
Rhythm method	2	3	3	2	3	4	6	4
Withdrawal	16	18	18	17	19	17	19	18
Continuous breast-feeding	--	2	2	2	--	1	2	1
Birth control implant	--	1	4	12*	--	1	3	10
IUD	5	11	15	18	2	6	9	14*
IUS	--	--	--	3	--	--	--	2
Birth control pill	48	47	43	37	51	43	43	45
Birth control patch	16	9	6	5	10	5	4	3
Birth control ring	2	7	9	6	2	4	7	5
Birth control shot	14	8	7	8	13	6	5	8
Diaphragm/shield/cap**	1	0	0	0	1	1	0	0
Condom	51	53	51	50	56	57	58	58
Female condom	1	1	2	1	2	1	2	1
Sponge	--	0	0	0	--	1	1	0
Spermicidal foam or jelly**	4	3	2	1	6	5	4	2
Other	1	1	0	0	1	1	1	1

Note: Multiple responses allowed. On the 2008-2012 survey, hysterectomy was listed a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.

** Wording changed from 2005.

* Significant difference between 2010 and 2012.

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Birth Control Options: *Officer*

Most officers also use the condom or the birth control pill, with women officers preferring the pill. Thirteen percent of men and 21% of women are using one of the LARCs (IUD, IUS, implant).

What method(s) of birth control do you or your partner usually use?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Tubal ligation/Esure/Hysterectomy**	--	7	5	6	--	11	12	9
Vasectomy**	--	11	8	10	--	23	22	23
Rhythm method	4	5	5	4	5	7	6	7
Withdrawal	9	12	12	12	7	11	17*	13
Continuous breast-feeding	--	3	3	3	--	2	2	3
Birth control implant	--	0	1	3*	--	0	2	2
IUD	6	7	14	16	5	5	7	12*
IUS	--	--	--	3	--	--	--	0
Birth control pill	54	53	52	46*	47	43	42	35
Birth control patch	7	3	2	2	5	2	1	1
Birth control ring	1	8	9	8	3	3	5	5
Birth control shot	6	2	2	1	3	1	1	1
Diaphragm/shield/cap**	1	1	0	0	2	1	0	1
Condom	38	41	39	38	39	44	44	43
Female condom	0	0	0	0	1	0	0	0
Sponge	--	0	0	0	--	1	0	0
Spermicidal foam or jelly**	4	2	2	1	5	2	2	2
Other	3	2	0	1	1	1	1	1

Note: Multiple responses allowed. On the 2008-2012 surveys, hysterectomy was listed as a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.

** Wording changed from 2005.

* Significant difference between 2010 and 2012.

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Sources of Birth Control

Most women obtain their birth control from a Navy medical provider or over the counter. About half of men obtain birth control over the counter.

Where do you normally obtain your birth control?

	Enlisted		Officer	
	Women	Men	Women	Men
	2012	2012	2012	2012
Navy medical provider	87	33	83	38
Civilian medical provider	7	25	5	24
Civilian clinic (e.g., Planned Parenthood)	4	7	1	2
Over the counter (e.g., spermicidal foam or jelly, condoms)	75	49	78	41

Note: Multiple responses allowed.

Health Care Providers: *Enlisted*

Respondents were asked their attitudes towards health care providers in regards to discussing and getting birth control from them. Most are comfortable with Navy medical professionals.

Percent "Agree" or "Strongly Agree"

	Women					Men				
	2003	2005	2008	2010	2012	2003	2005	2008	2010	2012
I would feel comfortable discussing birth control with a military physician/nurse practitioner/physician's assistant.	--	--	88	87	86	--	--	76	81	77
I would feel comfortable getting birth control from a military physician/nurse practitioner/physician's assistant.	--	--	89	87	86	--	--	78	79	77
I would feel comfortable discussing birth control with an Independent Duty Corpsman.**	60	67	73	74	73	63	68	70	74	73
I would feel comfortable getting birth control from an Independent Duty Corpsman.**	58	66	72	72	72	65	69	71	74	72

Please indicate how well each statement reflects your beliefs.

** Wording changed between 2003 and 2005, when questions asked about "corpsman".



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Health Care Providers: *Enlisted* (Continued)

The remainder of the questions about attitudes towards health care providers show consistent results as compared to previous administrations; most are comfortable with shipboard medical personnel in regards to birth control, and less than half indicate they would feel more comfortable with a civilian vice military provider.

Percent "Agree" or "Strongly Agree"

	Women					Men				
	2003	2005	2008	2010	2012	2003	2005	2008	2010	2012
I would feel comfortable discussing birth control with the medical personnel aboard ship.	64	68	73	73	72	64	67	69	72	71
I would feel comfortable getting birth control from the medical personnel aboard ship.	65	68	72	72	71	65	68	67	70	70
I would feel more comfortable discussing birth control with a civilian health care provider than with a military health care provider.	36	49	45	45	46	36	48	46	40	45
I would feel more comfortable getting birth control from a civilian health care provider than with a military health care provider.	35	47	43	43	44	35	46	43	38	45

Please indicate how well each statement reflects your beliefs.

Health Care Providers: *Officer*

Officers are more comfortable with military physicians, nurse practitioners, and physician's assistants than with IDC when discussing or getting birth control. Results for officers also are similar to previous years.

Percent "Agree" or "Strongly Agree"

	Women					Men				
	2003	2005	2008	2010	2012	2003	2005	2008	2010	2012
I would feel comfortable discussing birth control with a military physician/nurse practitioner/physician's assistant.	--	--	95	94	95	--	--	87	89	89
I would feel comfortable getting birth control from a military physician/nurse practitioner/physician's assistant.	--	--	95	96	96	--	--	88	89	87
I would feel comfortable discussing birth control with an Independent Duty Corpsman.**	46	62	67	67	68	57	71	73	74	74
I would feel comfortable getting birth control from an Independent Duty Corpsman.**	48	64	71	70	69	59	73	74	74	73

Please indicate how well each statement reflects your beliefs.

** Wording changed between 2003 and 2005, when questions asked about "corpsman".

Health Care Providers: *Officer* (continued)

Most officers, regardless of gender, are comfortable discussing and getting birth control from medical personnel aboard ship; less than 1/3 of officers would feel more comfortable with civilian medical providers than with those in the military.

Percent "Agree" or "Strongly Agree"

	Women					Men				
	2003	2005	2008	2010	2012	2003	2005	2008	2010	2012
I would feel comfortable discussing birth control with the medical personnel aboard ship.	65	69	75	73	74	69	73	76	77	76
I would feel comfortable getting birth control from the medical personnel aboard ship.	69	70	76	76	75	69	73	76	76	74
I would feel more comfortable discussing birth control with a civilian health care provider than with a military health care provider.	23	31	28	29	31	26	34	32	34	33
I would feel more comfortable getting birth control from a civilian health care provider than with a military health care provider.	21	28	26	26	29	23	32	29	30	30

Please indicate how well each statement reflects your beliefs.

Birth Control Knowledge: *Enlisted*

Six questions on the survey assessed factual knowledge about birth control. Results are generally consistent with previous years, showing Navy personnel have accurate knowledge about birth control. The exception to that is for the question about efficacy; the majority of enlisted Sailors incorrectly believe that condoms are just as effective as the pill in preventing pregnancy.

	Percent "True"											
	Women						Men					
	2001	2003	2005	2008	2010	2012	2001	2003	2005	2008	2010	2012
When used properly, condoms are just as effective as the pill in preventing pregnancy. (F)	55	57	65	65	68	66	63	63	69	68	75	69
Women cannot get pregnant during their menstrual period. (F)	10	9	8	9	7	8	23	13	14	13	12	14
Birth control medicines lead to cancer. (F)	10	11	11	10	10	8	6	7	7	6	8	8
If a woman misses 2 or more pills in a row, she must use an additional method of birth control along with the pill for the remainder of the month to be safe. (T)	72	69	72	71	76	69*	44	41	40	37	44	38
Almost all women who take the birth control pill gain weight. (F)	30	29	27	22	22	24	23	23	21	17	19	20
All methods of birth control are equally effective. (F)	7	9	12	12	12	13	7	8	8	10	11	8

Indicate whether you believe each of the following statements is true, false or you don't know.

* Significant difference between 2010 and 2012.

57

Birth Control Knowledge: *Officer*

Officer results are similar to enlisted results in that most have accurate knowledge about birth control. The exception to knowledge is for the question about efficacy; a majority believe that this false statement is true.

	Percent "True"											
	Women						Men					
	2001	2003	2005	2008	2010	2012	2001	2003	2005	2008	2010	2012
When used properly, condoms are just as effective as the pill in preventing pregnancy. (F)	41	43	50	50	59	57	54	55	59	60	67	69
Women cannot get pregnant during their menstrual period. (F)	14	12	11	12	10	10	20	18	17	16	14	16
Birth control medicines lead to cancer. (F)	5	7	7	6	7	6	5	8	8	5	6	5
If a woman misses 2 or more pills in a row, she must use an additional method of birth control along with the pill for the remainder of the month to be safe. (T)	86	86	87	86	89	86	57	58	56	52	56	51
Almost all women who take the birth control pill gain weight. (F)	22	20	16	13	17	13*	14	14	15	9	11	10
All methods of birth control are equally effective. (F)	1	1	2	2	2	3	1	1	2	2	2	2

Indicate whether you believe each of the following statements is true, false or you don't know.

* Significant difference between 2010 and 2012.

58

Emergency Contraception: *Enlisted*

Results for the questions about emergency contraception are similar to the last several administrations; most know what it is while few discuss it at physical exams, know if it is available where they are stationed, or used it as a primary birth control method.

	Percent "Yes"											
	Women						Men					
	2001	2003	2005	2008	2010	2012	2001	2003	2005	2008	2010	2012
Prior to this survey, I knew what emergency contraception was.	63	71	81	83	92	89	35	39	51	52	67	65
During my last physical exam, emergency contraception was discussed.	7	10	15	13	17	16	2	2	3	3	3	3
Emergency contraception is available where I am currently stationed.	14	23	31	29	40	39	9	10	15	13	19	20
I use emergency contraception as a primary birth control method.	--	--	--	2	2	2	--	--	--	3	3	4

Regarding emergency contraception, which of the following statements are true for you?
Note: Don't know option included in analysis.

Emergency Contraception: *Officer*

Results for officers mirror those for enlisted.

	Percent "Yes"											
	Women						Men					
	2001	2003	2005	2008	2010	2012	2001	2003	2005	2008	2010	2012
Prior to this survey, I knew what emergency contraception was.	76	81	88	90	95	96	53	60	69	72	82	82
During my last physical exam, emergency contraception was discussed.	2	3	4	3	4	3	0	0	0	0	1	1
Emergency contraception is available where I am currently stationed.	19	21	26	26	31	32	5	8	9	8	14	18
I use emergency contraception as a primary birth control method.	--	--	--	0	0	1	--	--	--	1	1	1

Regarding emergency contraception, which of the following statements are true for you?
Note: Don't know option included in analysis.

Emergency Contraception from Medical Personnel

Over half are comfortable with discussing emergency contraception with medical personnel. The highest comfort level is with civilian medical personnel.

Percent "Agree" or "Strongly Agree"

	Enlisted						Officer					
	Women			Men			Women			Men		
	2008	2010	2012	2008	2010	2012	2008	2010	2012	2008	2010	2012
I would feel comfortable discussing Plan B with a military physician/nurse practitioner/physician's assistant.	65	65	64	54	59	61	71	72	69	65	68	64
I would feel comfortable discussing Plan B with an Independent Duty Corpsman.	52	54	54	51	54	57	45	43	43	54	57	51
I would feel comfortable discussing Plan B with a civilian physician/nurse practitioner/physician's assistant.	--	--	77	--	--	67	--	--	80	--	--	67

Note: Don't know not included in analysis.



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Attitudes Towards Family Planning and Birth Control Summary (1 of 2)

- Family planning attitudes are generally comparable to previous results
 - About 1 in 5 believe a woman should have a child "Whenever she wants"
- Almost half of the Navy indicate that their sea/shore rotation is good for family planning
 - About 20% indicate that they do not know
- Personnel are most likely to discuss family planning with no one, a family member, or a friend
- CIPP has generally no impact on motivation to stay in the Navy



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Attitudes Towards Family Planning and Birth Control Summary (2 of 2)

- Birth control usage is similar to previous years
- The most common reasons to not use birth control are because the couple is pregnant or trying to get pregnant, followed by not wanting to use it
- Birth control pill and male condom remain most used forms of birth control, although 1/3 of enlisted women do use a LARC
- Knowledge of emergency contraception is similar to previous survey administration; almost no one uses emergency contraception as their primary birth control

Education and Training Results

Sources of Training on STIs/STDs: *Enlisted*

Compared to previous years, enlisted women are less likely to receive training at GMT, while that is the main source of training for enlisted men. Most enlisted women receive training from their physician, or from their personal research.

From which of the following sources have you received training in STIs or STDs, including HIV**?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
At GMT, within the last year	61	63	58	38*	66	63	63	52*
At GMT, more than 1 year ago	25	24	26	20*	31	28	31	24*
Physician	47	43	47	44	29	27	32	28
Nurse practitioner/Physician's assistant/Medical Officer**	31	38	43	36*	14	21	25	18*
Independent Duty Corpsman	12	15	17	15	18	19	24	18*
Corpsman	27	27	29	30	31	35	35	36
Personal research	--	--	--	39	--	--	--	27
QuickSeries® flipbook	--	--	--	2	--	--	--	2
Other	28	29	9	23*	29	31	8	19*
Never	3	3	5	6	4	5	5	8

Note: Multiple responses allowed.

In 2010, the "Other" answer included a written space, and responses were recorded if they fit into existing categories.

* Significant difference between 2010 and 2012.

** Wording changed in 2008 to include STIs and Medical Officer.

65

Sources of Training on STIs/STDs: *Officer*

As with enlisted, officer men are most likely to receive STI/STD training from GMT while officer women receive it from physicians or their own research.

From which of the following sources have you received training in STIs or STDs, including HIV**?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
At GMT, within the last year	48	55	52	40*	57	59	52	46
At GMT, more than 1 year ago	30	30	32	32	41	38	46	41
Physician	40	34	38	39	34	30	35	33
Nurse practitioner/Physician's assistant/Medical Officer**	26	28	31	27	11	16	20	13*
Independent Duty Corpsman	7	9	9	11	17	17	21	20
Corpsman	6	9	8	10	15	17	15	17
Personal research	--	--	--	36	--	--	--	29
QuickSeries® flipbook	--	--	--	1	--	--	--	1
Other	28	28	14	25*	26	24	8	20*
Never	5	4	4	5	4	4	5	4

Note: Multiple responses allowed.

In 2010, the "Other" answer included a written space, and responses were recorded if they fit into existing categories.

* Significant difference between 2010 and 2012.

** Wording changed in 2008 to include STIs and Medical Officer.

66

Sources of Training on Methods of Birth Control: *Enlisted*

Enlisted women are most likely to receive training on methods of birth control from their physicians or other medical personnel, or their own personal research, while men are most likely to have received training at a recent GMT. Almost 1% of men indicate that they do not receive training about birth control methods.

From which of the following sources have you received training in methods of birth control?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
At GMT, within the last year	37	28	33	17*	48	37	46	31*
At GMT, more than 1 year ago	16	12	16	9*	26	21	24	17*
Physician	64	58	61	54*	25	20	29	22*
Nurse practitioner/Physician's assistant/Medical Officer**	43	54	59	51*	14	16	21	15*
Independent Duty Corpsman	13	15	19	16	14	14	20	15*
Corpsman	27	27	27	31	25	23	25	25
Personal research	--	--	--	38	--	--	--	23
QuickSeries® flipbook	--	--	--	2	--	--	--	1
Other	23	24	6	18*	28	28	7	17*
Never	4	5	4	6	16	20	21	22

Note: Multiple responses allowed.

In 2010, the "Other" answer included a written aspect, and responses were recoded if they fit into existing categories.

* Significant difference between 2010 and 2012.

** Wording changed in 2008 to include Medical Officer.

67

Sources of Training on Methods of Birth Control: *Officer*

Women officers also tend to receive training on birth control from their medical providers or from personal research. Men are most likely to receive training from their personal research. Almost one in five male officers has not received training about methods of birth control.

From which of the following sources have you received training in methods of birth control?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
At GMT, within the last year	23	17	23	13*	35	32	31	22*
At GMT, more than 1 year ago	13	12	14	8*	27	24	33	25*
Physician	58	53	57	59	29	24	31	26*
Nurse practitioner/Physician's assistant/Medical Officer**	38	44	48	48	9	12	19	13
Independent Duty Corpsman	6	7	9	8	11	12	14	13
Corpsman	4	6	6	7	10	11	11	10
Personal research	--	--	--	39	--	--	--	31
QuickSeries® flipbook	--	--	--	1	--	--	--	1
Other	26	27	10	21*	29	25	9	22*
Never	8	9	10	6*	19	21	20	17

Note: Multiple responses allowed.

In 2010, the "Other" answer included a written aspect, and responses were recoded if they fit into existing categories.

* Significant difference between 2010 and 2012.

** Wording changed in 2008 to include Medical Officer.

68

Sources of Training on Navy Pregnancy Policy: *Enlisted*

About 1/3 of enlisted personnel have not received training on the Navy pregnancy policy (OPNAVINST 6000.1C). Those who have received training are most likely to receive it from their own research or from a recent GMT.

From which of the following sources have you received training in Navy pregnancy policy?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
At GMT, within the last year	34	19	36	20*	36	22	35	26*
At GMT, more than 1 year ago	18	11	18	11*	20	11	22	15*
Physician	17	9	19	16	6	4	9	9
Nurse practitioner/Physician's assistant/Medical Officer**	13	11	22	18	4	3	9	6
Independent Duty Corpsman	5	4	8	7	4	3	9	6
Corpsman	12	7	14	14	10	7	12	14
Personal research	--	--	--	28	--	--	--	16
QuickSeries® flipbook	--	--	--	1	--	--	--	1
Other	27	32	16	16	19	19	6	13*
Never	26	39	26	31*	37	52	37	37

Note: Multiple responses allowed.

In 2010, the "Other" answer included a written aspect, and responses were recorded if they fit into existing categories.

* Significant difference between 2010 and 2012.

** Wording changed in 2008 to include Medical Officer.

69

Sources of Training on Navy Pregnancy Policy: *Officer*

About 4 in 10 Navy officers indicate they have not received training in the Navy pregnancy policy. As with enlisted, the most common sources of training are personal research or GMT.

From which of the following sources have you received training in Navy pregnancy policy?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
At GMT, within the last year	20	9	20	13*	27	13	22	19
At GMT, more than 1 year ago	20	9	16	14	25	12	23	18
Physician	11	5	9	11	5	3	5	7
Nurse practitioner/Physician's assistant/Medical Officer**	7	4	10	10	1	2	4	6
Independent Duty Corpsman	1	1	2	3	3	2	4	5
Corpsman	2	1	2	2	2	1	3	4
Personal research	--	--	--	34	--	--	--	17
QuickSeries® flipbook	--	--	--	1	--	--	--	1
Other	27	28	22	17*	16	18	9	13
Never	38	57	42	32*	43	61	48	43

Note: Multiple responses allowed.

In 2010, the "Other" answer included a written aspect, and responses were recorded if they fit into existing categories.

* Significant difference between 2010 and 2012.

** Wording changed in 2008 to include Medical Officer.

70

Sources of Training on Navy Family Care Plan: *Enlisted*

The majority of enlisted Sailors indicate they have never had training on the Navy's Family Care Plan (OPNAVINST 1740.4D).

From which of the following sources have you received training about the Navy Family Care Plan?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
At GMT, within the last year	27	19	33	22*	33	27	40	29*
At GMT, more than 1 year ago	13	10	16	10*	18	13	20	14*
Physician	9	6	9	8	6	5	8	7
Nurse practitioner/Physician's assistant/Medical Officer**	7	6	11	9	4	4	9	5*
Independent Duty Corpsman	3	3	5	4	4	4	8	7
Corpsman	8	6	10	10	8	8	12	11
Personal research	--	--	--	23	--	--	--	15
QuickSeries® flipbook	--	--	--	0	--	--	--	1
Other	33	39	23	16*	21	27	9	8
Never	34	36	30	36*	37	41	30	39*

Note: Multiple responses allowed.

In 2010, the "Other" answer included a written space, and responses were recorded if they fit into existing categories.

* Significant difference between 2010 and 2012.

** Wording changed in 2008 to include Medical Officer.

71

Sources of Training on Navy Family Care Plan: *Officer*

Officers are most likely to indicate they have never had training about the Navy Family Care Plan.

From which of the following sources have you received training about the Navy Family Care Plan?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
At GMT, within the last year	16	10	19	14*	22	17	23	19
At GMT, more than 1 year ago	13	10	16	12*	17	14	22	16*
Physician	3	2	3	4	4	3	2	5*
Nurse practitioner/Physician's assistant/Medical Officer**	2	2	4	4	1	2	2	3
Independent Duty Corpsman	1	1	2	2	2	2	3	3
Corpsman	1	1	1	2	2	2	2	3
Personal research	--	--	--	26	--	--	--	16
QuickSeries® flipbook	--	--	--	0	--	--	--	1
Other	25	32	22	16*	18	24	11	9
Never	52	53	46	42	51	52	46	50

Note: Multiple responses allowed.

In 2010, the "Other" answer included a written space, and responses were recorded if they fit into existing categories.

* Significant difference between 2010 and 2012.

** Wording changed in 2008 to include Medical Officer.

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Suggested Sexual Health Training Venues: *Enlisted*

Respondents were asked where sexual health training should be given. Most enlisted personnel believe training should occur at boot camp or at GMT.

Where do you think you should learn about sexual health issues?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Boot Camp	81	79	78	75	80	76	74	72
Leadership courses	50	47	53	48*	50	44	49	42*
OCS/USNA/ROTC	29	28	33	30	28	25	29	27
GMT	68	68	70	58*	68	65	66	61
From command leadership	42	45	50	48	41	39	45	45
Other	15	17	11	19*	12	12	9	13

Note: Multiple responses allowed.

* Significant difference between 2010 and 2012.

Suggested Sexual Health Training Venues: *Officer*

Officer results are similar to those of enlisted, with most indicating sexual health training should occur at boot camp or GMTs. Over half also indicate it should occur at OCS/USNA/ROTC, higher than enlisted results.

Where do you think you should learn about sexual health issues?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Boot Camp	75	69	70	67	70	68	68	66
Leadership courses	52	48	48	44	49	43	45	39
OCS/USNA/ROTC	60	57	60	60	55	53	57	56
GMT	70	68	67	64	70	72	67	63
From command leadership	40	36	34	33	29	28	29	27
Other	21	24	16	23*	16	16	15	21*

Note: Multiple responses allowed.

* Significant difference between 2010 and 2012.

Suggested Timing for Sexual Health Training: *Enlisted*

Over half of enlisted Sailors feel sexual health training should occur annually, during physical exams (chosen by almost 74% of enlisted women) as well as during command training.

How often do you think you should receive training about sexual health issues?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Once in a career	6	5	6	5	10	7	10	10
Every reenlistment/obligation	10	11	12	8*	12	11	13	11
Annually during physical exam	--	--	--	72	--	--	--	53
Annually during command training	--	--	--	51	--	--	--	52
Only when I ask for information	--	15	16	12*	--	18	18	16
Other	16	15	9	6*	15	14	9	6

Note: Multiple responses allowed.

* Significant difference between 2010 and 2012.

Suggested Timing for Sexual Health Training: *Officer*

Almost half of officers also believe sexual health training should occur once a year. More feel it should occur annually at their physical exams, with 75% of women officers selecting this option.

How often do you think you should receive training about sexual health issues?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Once in a career	7	6	9	5*	11	10	11	11
Every reenlistment/obligation	13	11	12	6*	13	9	10	6*
Annually during physical exam	--	--	--	75	--	--	--	52
Annually during command training	--	--	--	46	--	--	--	44
Only when I ask for information	--	14	16	11*	--	17	18	17
Other	16	18	8	6	15	10	8	8

Note: Multiple responses allowed.

* Significant difference between 2010 and 2012.

Education and Training Summary

- Sources of sexual health training are similar to previous findings
 - STI/STD training occurs at GMT or from health care providers
 - Birth control training is given by health care providers for women and through GMT for men
- Half or less have never had training on policy related to pregnancy or single/dual-military parenthood Family Care Policy
- Most think sexual health training should still be taught at boot camp and/or at GMT once a year
 - Women more than men feel it should be annually during physical exam

Paternity Results

Paternity Questions

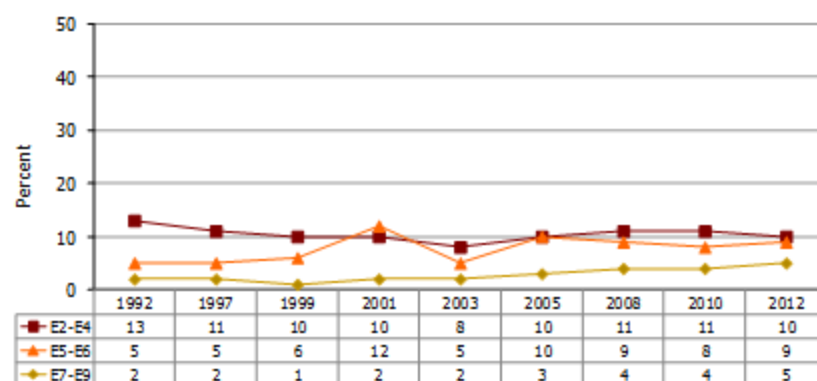
Questions were added to the 2012 survey about paternity leave, which became available in October 2008 to married men. Of the 39% of enlisted men and 60% of officer men who have fathered a child while in the Navy, over half had a child born since paternity leave policies were put in place. The majority who had a child since then have taken paternity leave.

% "Yes"		
	Enlisted	Officer
	2012	2012
At any time since entering the Navy have you fathered a child?	39	60
(If YES) Have any of your children been born since October 14, 2008?	58	50
(If YES) Have you ever taken paternity leave while in the Navy?	81	79
Average days paternity leave	11	10
Average days annual leave	9	4
Average total days	20	14

Pregnancy Results

Point-in-Time Enlisted Pregnancy Rates

Women were asked if they are currently pregnant, allowing for a point-in-time (snapshot) rate of pregnancy in the Navy. Results are generally similar to the historical results, with younger (E6 and below) women being the most likely to be pregnant at any moment. The overall enlisted point-in-time rate is 8.9%.

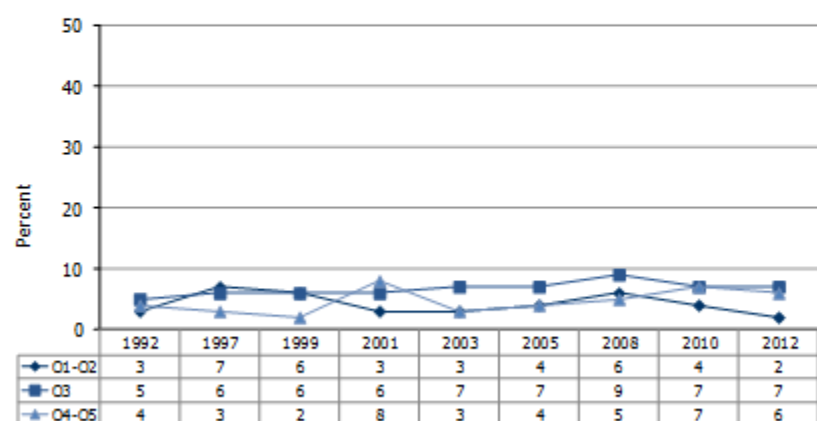


Note: Includes those who indicated "Yes" for the question "Are you pregnant now?"

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Point-in-Time Officer Pregnancy Rates

The opposite is true for officers, with older and more senior women (O3 and above) being the most likely to be currently pregnant. The overall rate for officers is 5.2%, and 8.3% for Navy overall.

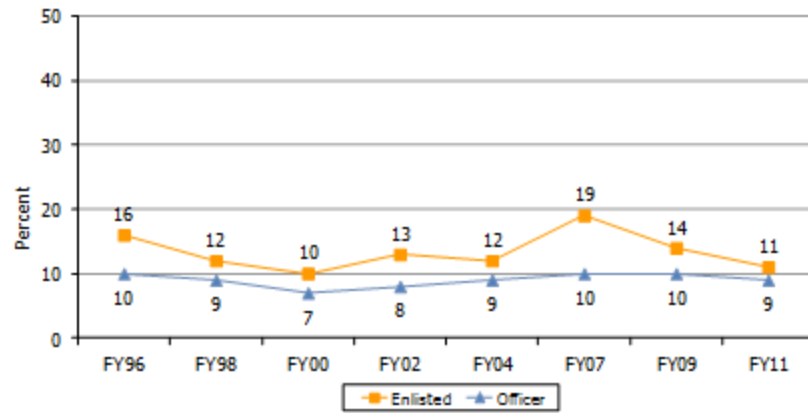


Note: Includes those who indicated "Yes" for the question "Are you pregnant now?"

82

Annualized Pregnancy Rates

Respondents were asked if they became pregnant in the last FY (1 October 2010 through 30 September 2011). Results are similar overall to previous years. The annual rate overall is 10.6%.

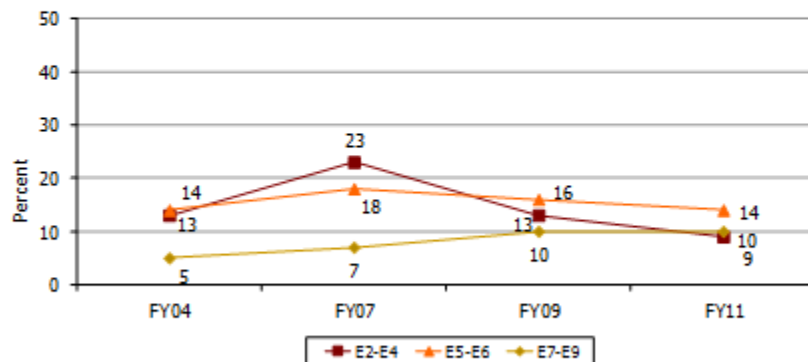


Note: FY11 results include those who indicated "Yes" for the question "Did you become pregnant between 1 Oct 10 and 30 Sept 11?"

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Annual Enlisted Pregnancy Rates

Annual rates by paygroup show that E5-E6 are the most consistent across time. Rates for E2-E4 have decreased somewhat.

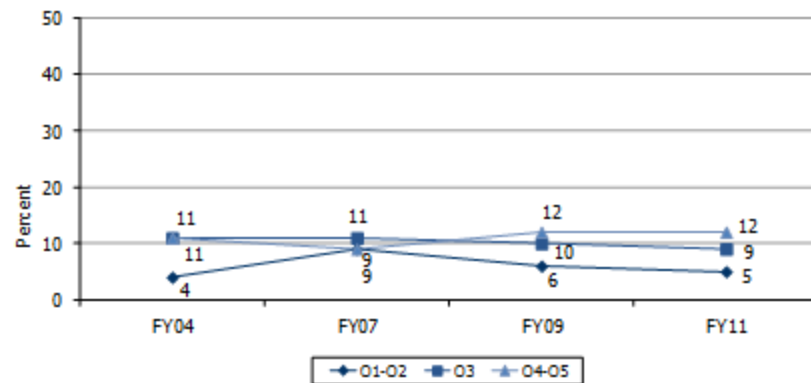


Note: FY11 results include those who indicated "Yes" for the question "Did you become pregnant between 1 Oct 10 and 30 Sept 11?"

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Annual Officer Pregnancy Rates

Annual rates by officer paygroup are similar to the last survey administration.



Note: FY11 results include those who indicated "Yes" for the question "Did you become pregnant between 1 Oct 10 and 30 Sept 11?"

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General Pregnancy Questions: *Enlisted*

Women who had ever been pregnant while in the Navy (40% of enlisted and 37% of officers) were asked follow-on questions. Results for enlisted women are similar to previous years, with about 1/3 of enlisted pregnancies being planned and with most of the fathers of their children being in the military. Few have orders to their next duty station or to a ship or deployable squadron (of those not attached to one). The majority are on their first sea duty tour. Thirty-eight percent are single.

	Enlisted							
	1997	1999	2001	2003	2005	2008	2010	2012
Was this pregnancy planned?	35	40	36	35	36	36	37	37
Were you using birth control?	21	27	30	32	29	31	34	29
Was IVF used?	---	---	---	---	---	---	1	0*
Was the father in the military?	72	71	73	75	73	70	70	71
Moved due to pregnancy	33	37	31	35	40	42	45	42
Orders to next duty station?	---	---	---	---	---	---	17	15
Orders to ship or deployable squadron?***	17	9	8	11	12	14	5	5

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

* Significant difference between 2010 and 2012.

*** Includes only those currently not on ship/deployable squadron/other deployable unit.

General Pregnancy Questions: *Officer*

Findings for officer women are very different from enlisted women in that officers plan their pregnancies and are therefore not using birth control, do not have orders to their next duty station, and are not required to move because of their pregnancy. About half of the fathers are in the military, and about half of the women are on their first sea duty tour when they become pregnant. Eighty-six percent are married.

	Officer							
	1997	1999	2001	2003	2005	2008	2010	2012
Was this pregnancy planned?	77	79	72	72	70	69	70	75
Were you using birth control?	8	9	12	15	13	15	15	13
Was IVF used?	---	---	---	---	---	---	4	4
Was the father in the military?	51	39	51	47	49	52	54	52
Moved due to pregnancy	7	15	5	7	8	11	10	10
Orders to next duty station?	---	---	---	---	---	---	17	17
Orders to ship or deployable squadron**	4	1	3	4	3	2	1	2

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
** includes only those not currently on ship/deployable squadron/other deployable unit.

Average Times to Pregnancy Milestones

Military treatment facilities (MTF) confirm pregnancies at 7 weeks and commands are notified about the same time, on average. The first prenatal care for all women occurs at about the 9th week, on average.

	Enlisted				Officer			
	2005	2008	2010	2012	2005	2008	2010	2012
MTF confirmed pregnancy	7 weeks	7 weeks	7 weeks	7 weeks	6 weeks	7 weeks	7 weeks	7 weeks
Command was notified	7 weeks	7 weeks	7 weeks	7 weeks	7 weeks	8 weeks	7 weeks	7 weeks
First prenatal care visit	9 weeks	9 weeks	9 weeks	9 weeks	9 weeks	9 weeks	9 weeks	9 weeks

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Prenatal Medical Issues

Women were asked if they failed a BCA to later discover they had been pregnant at that time; 2% of enlisted and 1% of officers indicated this had happened. Women were also asked about prenatal medical issues. About half of women indicate they completed the NAVMED form, and most discuss key postpartum issues at their prenatal visits.

	Enlisted				Officer			
	2005	2008	2010	2012	2005	2008	2010	2012
Completed NAVMED form**	68	67	71	56*	67	58	64	49*
At prenatal visit, discussed breastfeeding	79	79	82	83	84	81	85	83
At prenatal visit, discussed birth control to use after pregnancy	77	78	80	77	80	76	81	81
Shaken Baby Syndrome	--	--	--	74	--	--	--	67
Postpartum depression	--	--	--	75	--	--	--	74

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

* Significant difference between 2010 and 2012.

** Prior to 2012, question referred to both NAVMED forms.



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Assigned Command when Became Pregnant

When they become pregnant, most women are assigned to shore activities/commands, although almost 1% of enlisted women are assigned to ships.

To what type of command were you assigned when you became pregnant?

	Enlisted				Officer			
	2005	2008	2010	2012	2005	2008	2010	2012
Ship	23	24	23	26	7	8	8	8
Deployable squadron	8	8	9	8	3	3	3	4
Other deployable unit	4	4	4	4	4	3	3	2
Non-deployable squadron	2	4	2	4	3	2	3	2
Shore activity or command, but not as a student	59	56	57	54	76	75	74	76
Navy funded school as a student	4	4	5	4	8	9	8	8

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.



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Pregnancy While Assigned to Deployable Ship/Squadron/Unit

Of those who became pregnant while assigned to a ship, deployable squadron, or other deployable unit (38% of enlisted and 14% of officer women) during their most recent pregnancy, 75% of enlisted women and 45% of officer women indicated they were on their first sea duty tour. Most were not deployed, had just returned from deployment, or were in pre-deployment workups.

Where was your ship in the operational cycle when you became pregnant?

	Enlisted				Officer			
	2005	2008	2010	2012	2005	2008	2010	2012
Deployed	10	12	10	10	10	9	8	3
Returned from deployment within the past 60 days	19	20	14	23	13	16	16	20
Not deployed; conducting local operations	40	38	39	31	39	42	39	31
In pre-deployment training and inspection cycle	20	25	24	22	19	20	15	23
In IA scheduled for less than six months	4	2	4	3	4	4	5	8
In IA scheduled for six months or longer	9	5	10	9	11	5	13	14
In precommissioning crew	2	2	2	2	0	2	1	0*

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy. Includes only those on ship/deployable squadron/other deployable unit when they became pregnant.

* Significant difference between 2010 and 2012.



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Transfers/Moves as a Result of Pregnancy

Most enlisted women who transfer because of pregnancy are transferred from sea to shore duty. Those who are transferred move at either the 14th (enlisted) or 18th (officer) week of pregnancy, on average. Few (16% of enlisted and 22% of officer) ask to be moved.

Were you (or are you scheduled to be) transferred or moved as a result of being pregnant?

	Enlisted						Officer					
	2001	2003	2005	2008	2010	2012	2001	2003	2005	2008	2010	2012
Orders to shore duty	6	10	6	6	6	4	6	13	6	5	5	4
Continued to work in same place	63	55	54	53	49	54	88	80	86	84	85	85
Transferred sea to shore duty	19	22	26	30	33	33	1	5	4	5	6	6
Transferred overseas to CONUS	2	2	3	1	1	1	0	1	1	1	1	1
Transferred squadron to air station	1	1	1	1	2	1	0	0	0	0	0	1*
Transferred from work center to other work center	5	5	4	4	4	3	1	0	1	2	1	0
Transferred other	5	6	6	6	5	4	2	2	2	3	2	3

Note: Don't know option included in analysis. Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

* Significant difference between 2010 and 2012.



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Transfers/Moves Prior to 20th Week

OPNAVINST 6000.1C requires women to be moved off ship at the 20th week of pregnancy, and defines reasons for earlier transfers. Of those assigned to a ship (26% of enlisted and 8% of officer women), about 1/5 of enlisted and almost 2/3 of officer women remain until the 20th week. The most likely reason for them to be moved early would be because of a heavy underway schedule/deployment.

If you were moved off the ship before the 20th week of your pregnancy, why did it happen?

	Enlisted				Officer			
	2005	2008	2010	2012	2005	2008	2010	2012
Not moved prior to 20th week	30	26	24	17	40	42	44	63
Medical reasons related to pregnancy	--	4	4	3	--	7	4	0*
Medical reasons unrelated to pregnancy	--	1	0	1*	--	2	5	0*
Ship had heavy underway schedule/deployment	21	28	24	31	18	17	7	8
Ship's policy to transfer before 20th week	20	17	21	26	22	9	17	12
Don't know	9	7	9	10	0	6	8	4
Other	18	17	19	14	20	17	15	14

Note: Results for female officers should be viewed with caution due to low numbers of respondents.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
Only includes those who indicated they moved.
* Statistically significant difference between 2010 and 2012.



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Type of Work Done after Pregnancy Transfers/Moves

Pregnancy-related moves may require changes in job as well as location, due to environmental hazards of the job itself. Almost half of enlisted women (almost 1/3 of officer women) are transferred to admin or clerical work outside their rating/designator. One quarter of enlisted women and 4 in 10 officer women are able to do their same job, just at a different location. When asked if they were properly employed after they moved, 79% of enlisted and 84% of officers feel they were.

What type of work did you do while still pregnant after the move?

	Enlisted						Officer					
	2001	2003	2005	2008	2010	2012	2001	2003	2005	2008	2010	2012
Same as before, different location	33	31	26	27	31	25	50	34	43	40	65	41
Admin/clerical outside of rating/designator	43	46	49	48	46	48	31	38	27	28	24	30
Duty office/phone watch	6	7	5	7	3	6	0	5	2	4	6	4
Other	19	16	20	19	19	22	19	23	29	28	6	25

Note: Results for female officers should be viewed with caution due to low numbers of respondents.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
Only includes those who indicated they moved.



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Reduced Work Hours During Pregnancy

Some women may be required to reduce their work hours due to their pregnancy. About a quarter of enlisted women have reduced hours during their last trimester and about 1% of officer women reduce their hours during the last month. Over 1/3 of enlisted women and half of officer women did not reduce their work hours during their most recent pregnancy.

Before delivery, were your work hours reduced to less than 40 hours per week?

	Enlisted						Officer					
	2001	2003	2005	2008	2010	2012	2001	2003	2005	2008	2010	2012
Don't know, still pregnant	--	--	11	11	12	13	--	--	7	10	10	9
Hours weren't reduced	--	--	37	37	36	35	--	--	51	53	50	54
During 1st 3 months	3	3	1	3	3	3	1	1	1	1	1	2
During 2nd 3 months	6	6	6	7	7	7	4	5	4	4	5	4
During 7-8 months	25	25	26	27	26	28	18	12	17	15	14	15
During last month	23	23	22	22	23	25	37	25	24	21	23	23

Note: Multiple responses allowed.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.



95

DoD/VA Pregnancy Guideline Booklet

Respondents were asked when they received the DoD/VA Pregnancy Guideline booklet ("purple book"). About 1/3 of women have never heard of it, the lowest percentage since the question was added to the survey. Almost half of enlisted and 38% of officers receive it at an appointment during their first trimester.

Did you receive a "purple book", the DoD/VA Pregnancy Guideline booklet?

	Enlisted			Officer		
	2008	2010	2012	2008	2010	2012
Never heard of it	49	35	31	54	46	32*
Yes, during first trimester clinic appointment	33	43	44	26	32	38
Yes, during second trimester clinic appointment	3	4	2	1	1	3
Yes, during third trimester clinic appointment	1	1	1	0	0	1
No	15	17	22	19	21	26

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
* Significant difference between 2010 and 2012.



96

Where was the Baby Delivered

The majority of women deliver their babies at military treatment facilities. Seven percent of enlisted women and 4% of officer women took leave to give birth at a civilian hospital away from where they had received their prenatal care.

	Enlisted						Officer					
	2001	2003	2005	2008	2010	2012	2001	2003	2005	2008	2010	2012
Did not deliver	25	23	25	22	22	11	14	20	17	20	17	8
Still pregnant	---	---	---	---	---	18	---	---	---	---	---	14
At a military treatment facility**	60	62	60	59	62	54	63	62	62	56	59	58
At a civilian hospital	14	15	14	14	12	17	23	17	20	18	21	20
Other	2	1	1	5	4	0	1	1	1	5	3	1

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

No statistical test computed due to change in answers.

** Wording changed from "military hospital" in 2012.

Average Leave Used

Of those who provided the amount of leave used after their most recent childbirth, the numbers are similar or slightly higher than the last set of results. On average, women take 50 days of leave after they give birth.

	Enlisted				Officer			
	2005	2008	2010	2012	2005	2008	2010	2012
Convalescent leave	40 days	42 days	43 days	43 days	40 days	41 days	42 days	41 days
Annual leave	5 days	5 days	6 days	7 days	8 days	8 days	9 days	9 days
Total leave	43 days	48 days	48 days	50 days	47 days	49 days	50 days	50 days

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Postpartum Medical Issues

While postpartum issues (breastfeeding, birth control, etc.) are discussed at prenatal visits with over half of all women, almost all discuss these issues at a postpartum visit. Fewer had discussions about depression and Shaken Baby Syndrome (fewer officers than enlisted), although almost 8 in 10 women do discuss these issues.

Percent "Yes"

	Enlisted			Officer		
	2008	2010	2012	2008	2010	2012
At postpartum visit, discussed breastfeeding	91	94	94	92	94	92
At postpartum visit, discussed birth control methods	92	95	94	92	94	92
At postpartum visit, discussed antenatal and/or postpartum depression	78	85	89	67	78	83
At postpartum visit, discussed Shaken Baby Syndrome prevention	77	84	86	60	74	72

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy. Don't know results not included in analysis.



99

Transfers/Moves after Having the Baby

Those transferred because of pregnancy were asked if they returned to their pre-pregnancy unit. Over half of enlisted and almost half of the officer women stayed with the unit to which they were transferred. About 1 in 5 enlisted women went to a different ship or deployable unit while almost a third of officer women went to a different shore duty command.

Did you return to the unit you were assigned to prior to your pregnancy?

	Enlisted					Officer				
	2003	2005	2008	2010	2012	2003	2005	2008	2010	2012
Transferred, but returned to my unit	9	10	8	8	7	12	5	11	7	2
Sent TAD, but returned to my unit	6	7	4	4	3	12	15	12	5	8
Stayed with the unit I was transferred to	40	39	49	51	59	31	35	41	40	48
Went to a different shore duty command	23	19	17	22	14	32	32	27	38	31
Went to a different ship or deployable unit	22	25	23	15	17	13	13	9	11	10

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy. Only includes those who indicated they had been transferred.



100

Opinions of Assignments after Pregnancy Transfers/Moves

Women transferred because of pregnancy who did not return to their original commands after childbirth were asked their opinions of their new assignments. Almost 2/3 of officer women believe that their new position is equally as career enhancing as their assignment before their pregnancy move, while only 1 in 3 enlisted women feel the same. Almost half of enlisted women feel that their new assignment is less career enhancing. About 1 in 6 Navy women say their new assignment is more career enhancing than their previous.

Did you consider this new assignment as career enhancing as your assignment before the pregnancy?

	Enlisted						Officer					
	2001	2003	2005	2008	2010	2012	2001	2003	2005	2008	2010	2012
New assignment equally career enhancing as previous assignment	40	44	39	40	40	35	60	51	61	54	59	59
New assignment not as career enhancing as previous assignment	34	27	39	39	44	49	19	31	20	29	20	26
New assignment more career enhancing as previous assignment	26	29	22	20	16	17	22	17	19	16	21	15

Note: Results for female officers should be viewed with caution due to low numbers of respondents. Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy. Only includes those who were moved and who did not return to their unit.



101

Post-pregnancy PFA

Women are allowed a 6-month post-pregnancy waiver to physical fitness requirements. Respondents were asked if they completed a PFA within 6 months of giving birth; 47% of enlisted and 46% of officer women indicated that they did. When asked about the PFA after the 6-month waiver had expired, most women were able to meet both the body composition portion as well as the physical fitness portion. About half of women (54% enlisted and 42% officer) felt that 6 months was not enough time to return to weight and fitness standards.

Were you able to successfully complete your 6-month post-pregnancy PFA?

	Enlisted			Officer		
	2008	2010	2012	2008	2010	2012
Yes, both body composition assessment and physical fitness assessment	67	70	77*	85	85	89
No, only met the body composition assessment portion	8	6	5	4	5	4
No, only met the physical fitness assessment portion	10	13	9	6	7	4
No, did not meet either body composition nor physical fitness assessment	15	12	9	4	4	4

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
* Significant difference between 2010 and 2012.



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Breastfeeding

Almost all enlisted and officer women breastfed their most recent children. About 2/3 of those enlisted women and 89% of those officer women were still breastfeeding/pumping when they returned to duty. Of those who breastfed/pumped for at least a month, enlisted women breastfeed for an average of 6 months while officers breastfeed for an average of 8 months. When asked if they were provided a breast pump from their MTF or hospital, 17% of enlisted and 13% of officers indicated they were.

	Percent "Yes"							
	Enlisted				Officer			
	2005	2008	2010	2012	2005	2008	2010	2012
Breastfeed after birth	66	78	83	84	83	89	90	88
Breastfeed/pump when returned to duty ^{**}	66	63	67	67	84	85	86	89

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
 ** Only includes those who ever breastfed/pumped.

Breastfeeding Time

The majority of women were given time to pump or breastfeed when they needed to, with about 1/3 allowed to do so during breaks or meals. About 10% indicated they were not given time.

	Were you given time to pump or breastfeed?							
	Enlisted				Officer			
	2005	2008	2010	2012	2005	2008	2010	2012
Yes, during breaks/meals	32	29	27	24	39	37	36	28
Yes, when I needed to	50	55	62	66	47	52	56	64
No	18	16	11	10	14	11	8	8

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
 Only includes those who were breastfeeding/pumping when they returned to duty.

Breastfeeding Location

Women who were breastfeeding when they returned to work were asked about the location where they were breastfeeding/pumping. The responses in 2012 were expanded to better determine if this location was in the restroom/head as opposed to a separate nursing room. Results show that 4 in 10 do use a separate nursing room, but 1 in 4 use the restroom/head while almost that many are not given a comfortable, secluded location at all.

Were you given a comfortable, secluded location for breastfeeding or pumping at work?

	Enlisted		Officer	
	2012		2012	
I used the restroom/head	24		29	
Yes, I used a nursing room in the restroom/head	9		11	
Yes, I used a nursing room that was not part of a restroom/head	42		40	
No	24		20	

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy. Only includes those who were breastfeeding/pumping when they returned to duty.

Breastfeeding Environment

The majority of women are able to breastfeed/pump in a location with running water. Almost all indicate they are able to store their breastmilk in a cool location.

	Percent "Yes"							
	Enlisted				Officer			
	2005	2008	2010	2012	2005	2008	2010	2012
Given location that had running water	--	72	68	67	--	70	73	72
Able to store breastmilk in cool location	--	81	88	88	--	90	94	94

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy. Only includes those who were breastfeeding/pumping when they returned to duty.

Work-related Reasons for Stopping Pumping/Breastfeeding

As found previously, about half of women (47% of enlisted and 42% of officers) indicate they stopped breastfeeding because of work.

If you stopped breastfeeding before you planned because of work, what were your reasons?

	Enlisted				Officer			
	2005	2008	2010	2012	2005	2008	2010	2012
Does not apply; did not stop because of work	36	52	53	53	50	54	54	58
Did not think supervisor would give me time	5	7	7	4	4	3	5	1
Supervisor did not give me time**	5	4	4	7	2	3	1	7*
Time needed to be devoted to something else (lunch, working out, etc)	8	16	16	19	12	17	17	18
Co-workers wouldn't support pumping	3	7	5	6	2	3	3	4
Wasn't any place to pump in work area	13	16	12	15	10	9	12	8
Didn't have a pump	0	1	1	2	0	1	1	0*
Couldn't store breast milk	9	8	5	5	4	3	2	4
Other	20	24	24	23	22	29	27	24

Note: Multiple responses allowed.

Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Only includes those who were breastfeeding/pumping when they returned to duty.

* Significant difference between 2010 and 2012.

** Wording change: was "My supervisor said he/she would not give me the time to breastfeed or pump at work" prior to 2012.

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Pregnancy Summary (1 of 2)

- Point-in-time pregnancy rates are similar to previous rates
 - Rates slightly down for O1-O2
- As before, just over 1/3 of enlisted pregnancies and almost 3/4 of officer pregnancies are planned
- Few have orders to their next duty station when they become pregnant
- For those assigned to sea duty when they become pregnant, most enlisted women and almost half of officer women are on their first sea duty tour
- Of those assigned to a deployable unit, most are not deployed, are in workups, or have just returned from a deployment when they become pregnant

Pregnancy Summary (2 of 2)

- Most inform their command within the required time, on average at the 7th week of pregnancy
- Almost all officers and half of enlisted women continue to work in the same place after they become pregnant; about 1/3 of enlisted women transfer from sea duty to shore duty
- Average leave time for pregnancy for Navy women is 50 days
 - A small portion take leave to have their baby at a civilian hospital away from their duty station
- Over 8 in 10 breastfeed after giving birth
 - About 2/3 indicate they are given the time and location to do so at work

Overall Summary (1 of 3)

- Overall, results similar to previous years
- Single parent rates are similar to previous results, with about 14,000 single Navy fathers and 6,000 single Navy mothers
- While FCP compliance continues to be less than 100%, most single parents and dual-military parents have some type of plan in case they are deployed
- Personnel are most likely to discuss family planning with no one, a family member, or a friend

Overall Summary (2 of 3)

- Most use birth control, predominantly the birth control pill and/or the condom
- STI/STD training occurs at GMT for both genders, but birth control training is given by health care providers for women and at GMT for men
- Overall, point-in-time pregnancy rates are similar to previous results, while annual rates are slightly lower than in 2010

Overall Summary (3 of 3)

- The majority of women become pregnant while assigned to shore or a non-deployable unit
 - Few women have orders to their next duty station when they become pregnant
- Women take, on average, 50 days of leave (convalescent and annual) after their pregnancies

Trend Summary (1 of 3)

- Rates of single parenthood and single parent custody for both men (currently 6%) and women (currently 13%) have been reasonably consistent since 1999
- Completion of the Family Care Plan has been consistent for women (currently almost 80%) and increasing for men (currently about 50%) since 2001
- When asked when in her Navy career a woman should become pregnant, about 20% indicate "whenever she wants", a drop for enlisted women but consistent for other groups since 1997

Trend Summary (2 of 3)

- Family planning attitudes are similar to findings since 2001
 - Slight increase (to 40%) in enlisted women indicating they would have sexual intercourse without birth control if partner wanted
- About 2/3 of enlisted and 3/4 of officers usually use birth control, slightly lower for enlisted men but consistent for the others as compared to history since 1997
- Point-in-time and annual pregnancy rates consistent since 1992, with about 9% of enlisted women and 5% of officer women pregnant at any time

Trend Summary (3 of 3)

- Rates of pregnancy planning similar to historical trends for both enlisted (currently 37%) and officer (currently 75%) women
- The majority of officer women and about half of enlisted women continue to work in the same place after they become pregnant, similar to results since 2001
- Fewer officer women continue to do their same job in a different location when they are transferred (currently 41%) while rates for enlisted women have been consistent (currently 25%) since 2001

Recommendations

- Publicize survey results
 - ALNAV or NAVMSG to those who participated
 - Provide press release to *Navy Times* and other media
 - Post to NPC Website
 - Provide follow-on briefings to ASN(M&RA), BUMED, CNP, MCPON, MPT&E FLTCM, N17, Navy Preparedness Alliance, and others as requested
- Provide briefing on Navy Pregnancy & Parenthood policies at officer and enlisted leadership courses
- Utilize survey results to impact retention challenges

Appendix F:
Results of the 2012 Pregnancy and Parenthood Survey
Executive-Level Summary Brief



- Key metrics, such as rates of parenthood and pregnancy, are needed by Navy leaders to make sound policy decisions
- Current databases may not accurately reflect or make readily available key statistics such as single parenthood, family planning attitudes, birth control practices, and pregnancy rates
- Best source of this information has been the Navy Pregnancy and Parenthood Surveys, conducted since 1988 and sponsored by the Office of Women's Policy (N-134W)
 - Most funding provided in 2012 by N-154
- Survey satisfies requirements of SECNAVINST 1000.10 series to collect objective data for use in evaluation of Department of Navy (DoN) pregnancy policies

Introduction to Executive Summary

- Using the results of the 2012 Pregnancy and Parenthood Survey, the Navy Office of Women's Policy (N134W), BUMED Women's Health, and Navy and Marine Corps Public Health Center have highlighted these critical findings:
 - Unplanned Pregnancies
 - Operational Pregnancies
 - Non-Traditional Families
 - Birth Control Use/Non-Use/Misuse
 - Training
- These areas have a direct impact on mission readiness and require increased training, intrusive leadership, and a renewed focus throughout the Fleet.
- Key
 - Programs or policies already in place that may need more advertisement or command endorsement
 - Programs or policies in draft or in progress that still need work and coordination for full implementation
 - Notional programs or policies that are not yet developed or available

Unplanned Pregnancies

- 63% of enlisted pregnancies are unplanned
- 25% of officer pregnancies are unplanned
- For 71% of enlisted pregnancies the father is also in the military
- Unplanned pregnancy rates have remained consistent since 1992
- SHARP Toolbox: videos and training materials available to commands at no cost
- CSADD: January theme is Family Planning
- Communicate priorities of family planning with a Navy career
- Intrusive Leadership and Command and Senior Enlisted Leadership Training

Readiness Impact: Unplanned pregnancies create an unexpected financial burden for Sailors and can lead to impacts to the command. Goal: Increase family planning education for men and women to decrease unplanned pregnancies and increase family readiness.

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- Understand current state metrics of unplanned pregnancy across the Fleet/Marine Corps; compare findings and correlate with P&P survey data to identify, target, prioritize efforts/designated resources to high-impact populations
- Strategic messaging that even 1 unplanned pregnancy affects readiness; NM partners with OWP to align strategy with CNO and Navy SG priorities (attached); generalize to male and female personnel
- Significant discrepancy between officer and enlisted pregnancies. Use media and leadership sources "Navy Times, PAO, Command Newsletters, and CNO/SG" to highlight the difference and challenge the ladies of the military to improve their numbers. Put the needle movement on the people for a year. Medical will always have the resources to assist with the planning...people need to be made aware of where they can go for this help.

Operational Pregnancies

- 63% of enlisted and 54% of officer respondents were deployed, conducting local operations, or in the pre-deployment cycle when they became pregnant
- 33% of enlisted respondents were transferred from sea to shore duty because of pregnancy
- Historical pregnancy rates of women while deployed, on local operations or in pre-deployment cycles, has decreased for both enlisted and officer servicewomen over the past 7 years (three survey cycles).
- SHARP Toolbox: videos and training materials available to commands at no cost
- CSADD: January theme is Family Planning
- Emergency Contraception is available on ships
- Communicate priorities of family planning with a Navy career
- Increase birth control variety and availability onboard ships
- Advertise CIPP as option for Sailors
- Intrusive Leadership

Readiness Impact: Commands which have a Sailor removed due to pregnancy must apply for a replacement; the lag time in personnel turnover can create months of gapped billets. Sailors may also see the negative impacts of being removed from their ship.

Goal: Increase family planning education for men and women to decrease unplanned pregnancies and increase family readiness.

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- Every Sailor (and Marine) contributes to the organization; reference SG's priorities (Readiness, Value, Jointness) and approach to future strategy: "It's ship, shipmate, self - take care of the ship, take care of each other, take care of yourself."
- Direct readiness issue. This leads to other members be called up on short notice to deploy and can be perceived as a way to get out of a deployment. Planning a Navy career and a Navy family is easier said than done. Moving the needle on planned pregnancy should feed into operational pregnancy. Teaching sailors early in the career the importance of planning and the impact of unplanned pregnancies during boot camp, officer indoctrination and annually through a GMT is important. But what other tools do we have to offer to aid in communication between sailor and leadership? Do we need to leverage the mentorship program or the fitrep mid-term counseling sessions to make sure that women have an avenue to plan out career and family goals with someone in leadership?
- 73% of respondents indicate that they discussed family planning with a friend or a family member, which would benefit from fleet-wide increased awareness of the various family planning option
- 82% of Enlisted men & 85% of male Officers indicated that birth control options were not discussed with them when having a medical encounter during the past year. This provides us the opportunity to get our medical providers to increase their counseling of males.
- What effort is underway to increase birth control variety and availability onboard ships? What is the specific goal? Stock Nexplanon and Mirena and get at least one M.D. on large platforms to be LARC-certified?

Non-Traditional Families

- Approximately 6,000 female and 14,000 male Sailors are single parents
- In the Navy, single parents make up 7.6% of the total amount of service members with children
- There are approximately 84,000 dual military couples in our Navy, of which 36,000 have children
- Family care plan completion less than ideal: 57% for officer men, 49% for enlisted men, 72% for officer women, and 84% for enlisted women
- Single parenthood rates have varied little (within 8%) since 1999
- FCP compliance has remained high (over 70%) among women since 2001 (5 Survey Cycles) and has risen considerably for men in that same period from 36 to 49% for enlisted and from 27 to 57% for officers.
- Stress the importance of compliance with OPNAVINST 1740.4D (Family Care Plan policy)
- Coordination with PERS-45 office for tracking/ensuring compliance
- Round the clock childcare available to Sailors while conducting shift work and underway periods

Readiness Impact: Navy needs ready and resilient families. Time spent away from work or distractions on the job can severely impact sailor readiness.
Goal: Increase compliance with Family Care Plans and ensure sufficient support to service members with unique family situations so professional development is not impacted.

Birth Control Use/Non-Use/Misuse

- 29% of enlisted women became pregnant while using birth control
- 65% of enlisted men and 67% of enlisted women use birth control
- Of those who do not, 21% of female and 27% of male respondents said it was because they "Did not want to"
- Birth control use has gone down slightly since 1997
- Increase variety and availability of birth control to surface ships
- Training on the impact to Sailors and commands of unplanned pregnancy and STD/STIs
- Increase LARC conversations and use

Readiness Impact: Incorrect or non-use of birth control can lead to unplanned pregnancies and unintended consequences to Sailors and commands.

Goal: Ensure Sailors are educated on birth control options.

- Suboptimal LARC discussion rate (51% E, 31% O)
- BUMED evaluate and improve LARC access across Navy medicine (share the NMCPHC reports and get MTF feedback) -- web-based, provider-level-specific training in every military medical school (IDC, phys assist, etc)
- Direct readiness issue. Education through the SHARP is key and should be touted for use for every slide in the P&P deck.
- Understand ADSM attitudes toward (1) the impact of an unplanned/unintended pregnancy and (2) lack/decreased contraceptive use; focus efforts to educate about unintended consequences (e.g. work/life balance)

2012 Pregnancy and Parenthood Survey

Training

- 75% of enlisted women and 72% of enlisted men believe sexual health training should be provided during boot camp.
- 58% of enlisted women and 61% of enlisted men believe sexual health training should be provided as GMT.
- 48% of enlisted women and 45% of enlisted men believe sexual health training should be provided by command leadership.
- Add new LIFESKILLS class at A-schools
- Add Sexual Health Training to NKO
- Add sexual health briefings to senior enlisted and command leadership schools
- Make Sexual Health a Category I GMT requiring annual face-to-face training
- Deckplate leaders need to engage with Sailors to tackle readiness issues despite the uncomfortable topic
- Evaluate and maximize accessibility of LARC in Navy medical facilities
- Emphasize "counseling and prescribing birth control according to lifestyle" in clinician training

Readiness Impact: Repeated and consistent training throughout a Sailor's career from GMT to deckplate mentoring can increase family planning and alleviate stress for Sailors and commands.
Goal: Make sexual health training mandatory with frequent deckplate follow-up as appropriate.

- Perform gap analysis to understand necessary resource allocation/optimize available resources and align gaps in education programs, policy and provision of care (ADSM knowledge, sexual health healthcare provider knowledge/limitations (based on scope of practice/training/supplies/location/policy support), education marketing plan (e.g. strategic communication plan for SHARP)
- BUMED evaluate and improve clinician knowledge and skills re: LARC-first family planning counseling -- complete the planned clinician survey. Insert training into GME and military medical training courses (e.g. IDC, Physician Assistant, Health Promotion, Preventive Medicine, Medical-Home-Training, etc.)
- Most respondents think sexual health training should still be taught at boot camp and/or at GMT once a year. This is another great opportunity to raise awareness by not only getting those entering the service at boot camp, but by reinstating the sexual health GMT, we would raise awareness for the entire fleet as unplanned pregnancies and an increased number of single parents hinder readiness. Recommend instating bi-annual sexual health GMT's.
- Sex Health Info into leadership schools
- Additional considerations:
 - ensure ease of access to condoms and contraception, including EC pills
 - ensure command indoctrination policy requires an offer of easy referral to family planning services for all newly assigned women
 - ensure the crew knows their medical privacy is strictly protected
 - include sex health in command health promotion program (NMCPHC-SHARP materials are available)



Method

- Notification letter, including web address of survey and user ID, sent in November 2012 to each person selected; 2 reminder letters to individuals and 1 reminder Navy Message sent to command before field closed in late April 2013
- Permanent Random Number (PRN) used to sample in order to minimize overlap with other large-scale, Navy-wide surveys

	Women	Men
Sent	15,284	10,083
Accessed	3,282	1,909
Useable	3,252	1,886
Return-to-Sender ^a	59	38
Weighted Response Rate	26%	25%

Note: Response rates similar to typical Navy-wide web-based survey response rates.

^a Return-to-Sender count and Response Rate based upon those known to not have received the Navy Message.

Overall Margins of Error		
	Women	Men
Enlisted	+/- 2.8%	+/- 3.9%
Officer	+/- 2.8%	+/- 3.9%

NPRST
NAVY PREGNANCY AND PARENTHOOD SURVEY

- Responses statistically weighted to be representative of the Navy population
- Survey updated from 2010 to include more details on long-acting reversible contraceptives (LARCs) as well as new questions on retention influencers and paternity leave
- Where possible, comparisons to previous years are included
 - Percentages and margins of error were compared between 2010 and 2012 results
 - Non-overlapping margins of error are noted and can be considered significant

Pregnancy Summary (1 of 2)

- Point-in-time pregnancy rates are similar to previous rates

- Rates slightly down for O1-O2

As before, just over 1/3 of enlisted pregnancies and almost 3/4 of officer pregnancies are planned

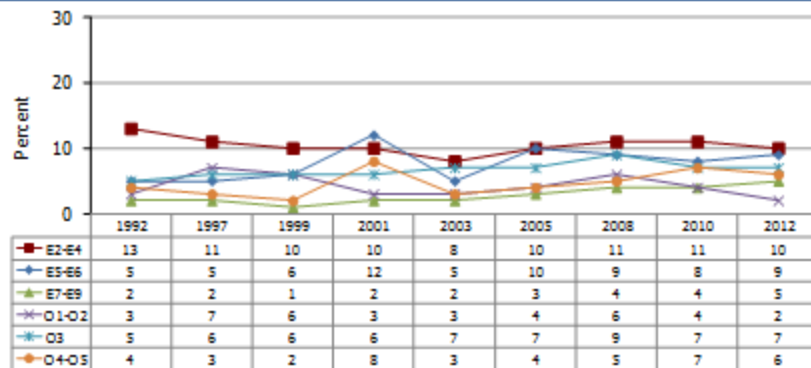
- Few have orders to their next duty station when they become pregnant
- For those assigned to sea duty when they become pregnant, most enlisted women and almost half of officer women are on their first sea duty tour
- Of those assigned to a deployable unit, most are not deployed, are in workups, or have just returned from a deployment when they become pregnant

Pregnancy Summary (2 of 2)

- Most inform their command within the required time, on average at the 7th week of pregnancy
- Almost all officers and half of enlisted women continue to work in the same place after they become pregnant; about 1/3 of enlisted women transfer from sea duty to shore duty
- Average leave time for pregnancy for Navy women is 50 days
 - A small portion take leave to have their baby at a civilian hospital away from their duty station
- Over 8 in 10 breastfeed after giving birth
 - About 2/3 indicate they are given the time and location to do so at work

Point-in-Time Pregnancy Rates

Women were asked if they are currently pregnant, allowing for a point-in-time (snapshot) rate of pregnancy in the Navy. Results for enlisted are generally similar to the historical results, with younger (E6 and below) women being the most likely to be pregnant at any moment. The overall enlisted point-in-time rate is 8.9%. The opposite is true for officers, with older and more senior women (O3 and above) being the most likely to be currently pregnant. The overall rate for officers is 5.2%, and 8.3% for Navy overall.

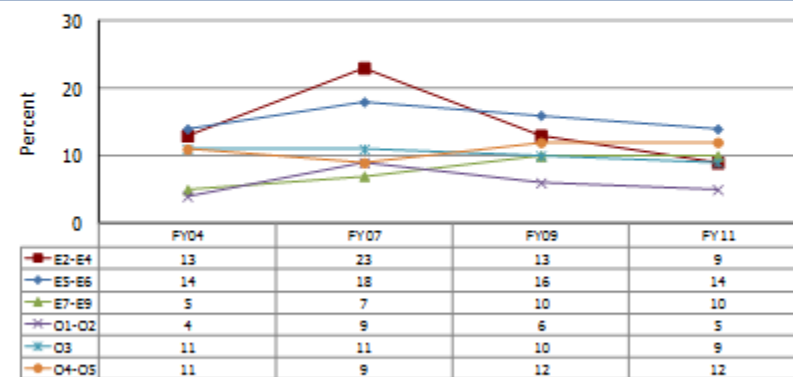


Note: Includes those who indicated "Yes" for the question "Are you pregnant now?"

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Annual Pregnancy Rates

Respondents were asked if they became pregnant in the last FY (1 October 2010 through 30 September 2011). Results are similar overall to previous years (11% for enlisted and 9% for officer). The annual rate overall is 10.6%. When looking at annual rates by pay grade group, rates for most are consistent with historical trends, with a slight decrease for E2-E4.



Note: FY11 results include those who indicated "Yes" for the question "Did you become pregnant between 1 Oct 10 and 30 Sept 11?"

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General Pregnancy Questions: *Enlisted*

Women who had ever been pregnant while in the Navy (40% of enlisted and 37% of officers) were asked follow-on questions. Results for enlisted women are similar to previous years, with about 1/3 of enlisted pregnancies being planned and with most of the fathers of their children being in the military. Few have orders to their next duty station or to a ship or deployable squadron (of those not attached to one). The majority are on their first sea duty tour. Thirty-eight percent are single.

	Enlisted							
	1997	1999	2001	2003	2005	2008	2010	2012
Was this pregnancy planned?	35	40	36	35	36	36	37	37
Were you using birth control?	21	27	30	32	29	31	34	29
Was IVF used?	---	---	---	---	---	---	1	0*
Was the father in the military?	72	71	73	75	73	70	70	71
Moved due to pregnancy	33	37	31	35	40	42	45	42
Orders to next duty station?	---	---	---	---	---	---	17	15
Orders to ship or deployable squadron**	17	9	8	11	12	14	5	5

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

* Significant difference between 2010 and 2012.

** Includes only those currently not on ship/deployable squadron/other deployable unit.



14

General Pregnancy Questions: *Officer*

Findings for officer women are very different from enlisted women in that officers plan their pregnancies and are therefore not using birth control, do not have orders to their next duty station, and are not required to move because of their pregnancy. About half of the fathers are in the military, and about half of the women are on their first sea duty tour when they become pregnant. Eighty-six percent are married.

	Officer							
	1997	1999	2001	2003	2005	2008	2010	2012
Was this pregnancy planned?	77	79	72	72	70	69	70	75
Were you using birth control?	8	9	12	15	13	15	15	13
Was IVF used?	---	---	---	---	---	---	4	4
Was the father in the military?	51	39	51	47	49	52	54	52
Moved due to pregnancy	7	15	5	7	8	11	10	10
Orders to next duty station?	---	---	---	---	---	---	17	17
Orders to ship or deployable squadron**	4	1	3	4	3	2	1	2

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

** Includes only those not currently on ship/deployable squadron/other deployable unit.



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Pregnancy While Assigned to Deployable Ship/Squadron/Unit

Of those who became pregnant while assigned to a ship, deployable squadron, or other deployable unit (38% of enlisted and 14% of officer women) during their most recent pregnancy, 75% of enlisted women and 45% of officer women indicated they were on their first sea duty tour. Most were not deployed, had just returned from deployment, or were in pre-deployment workups.

Where was your ship in the operational cycle when you became pregnant?

	Enlisted				Officer			
	2005	2008	2010	2012	2005	2008	2010	2012
Deployed	10	12	10	10	10	9	8	3
Returned from deployment within the past 60 days	19	20	14	23	13	16	16	20
Not deployed; conducting local operations	40	38	39	31	39	42	39	31
In pre-deployment training and inspection cycle	20	25	24	22	19	20	15	23
In IA scheduled for less than six months	4	2	4	3	4	4	5	8
In IA scheduled for six months or longer	9	5	10	9	11	5	13	14
In precommissioning crew	2	2	2	2	0	2	1	0*

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy. Includes only those on ship/deployable squadron/other deployable unit when they became pregnant.
* Significant difference between 2010 and 2012.



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Transfers/Moves as a Result of Pregnancy

Most enlisted women who transfer because of pregnancy are transferred from sea to shore duty. Those who are transferred move at either the 14th (enlisted) or 18th (officer) week of pregnancy, on average. Few (16% of enlisted and 22% of officer) ask to be moved.

Were you (or are you scheduled to be) transferred or moved as a result of being pregnant?

	Enlisted						Officer					
	2001	2003	2005	2008	2010	2012	2001	2003	2005	2008	2010	2012
Orders to shore duty	6	10	6	6	6	4	6	13	6	5	5	4
Continued to work in same place	63	55	54	53	49	54	88	80	86	84	85	85
Transferred sea to shore duty	19	22	26	30	33	33	1	5	4	5	6	6
Transferred overseas to CONUS	2	2	3	1	1	1	0	1	1	1	1	1
Transferred squadron to air station	1	1	1	1	2	1	0	0	0	0	0	1*
Transferred from work center to other work center	5	5	4	4	4	3	1	0	1	2	1	0
Transferred other	5	6	6	6	5	4	2	2	2	3	2	3

Note: Don't know option included in analysis.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
* Significant difference between 2010 and 2012.



17

Paternity Questions

Questions were added to the 2012 survey about paternity leave, which became available in October 2008 to married men. Of the 39% of enlisted men and 60% of officer men who have fathered a child while in the Navy, over half had a child born since paternity leave policies were put in place. The majority who had a child since then have taken paternity leave.

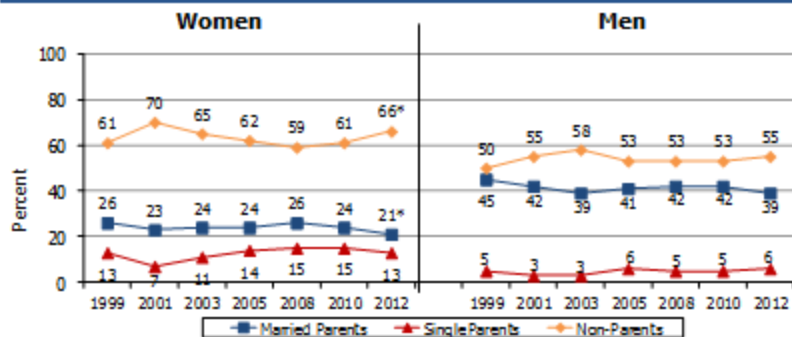
% "Yes"		
	Enlisted	Officer
	2012	2012
At any time since entering the Navy have you fathered a child?	39	60
(If YES) Have any of your children been born since October 14, 2008?	58	50
(If YES) Have you ever taken paternity leave while in the Navy?	81	79
Average days paternity leave	11	10
Average days annual leave	9	4
Average total days	20	14

Parenthood Summary

- Percentage estimates of single parenthood in the Navy are similar to previous findings; about 13% of women (about 6,000) and 6% of men (about 14,000) are single parents
- Results for single parenthood rates are similar to previous findings
- About 19% of single mothers indicate they do not receive financial support from their child's father but they legally should
- Family Care Plan compliance continues less than 100%, although most who have not completed the formal plan have some undocumented plan in place

General Parenthood Results

The 2012 survey asked respondents if they were currently an "unmarried" parent (previous versions has asked about "single" parent). Rates of single parenthood are similar to previous years, with estimated numbers of approximately 5,903 single mothers and 13,916 single fathers (based upon Navy population numbers at the time survey administration began). While there are more single fathers than mothers, women have a higher rate of single parenthood than men. All parents were asked if their child is in the Exceptional Family Member program; 4% of men and 9% of women indicated they are.



(Note: In 2012, percentages equate to about 5,903 female single parents and 13,916 male single parents.)

* Significant difference between 2010 and 2012.

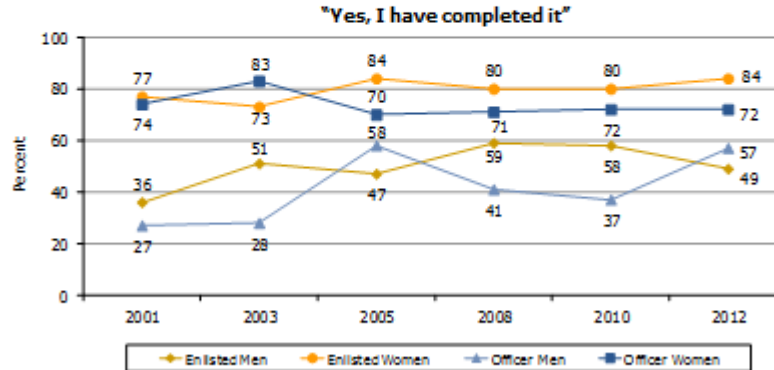
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- Percentages of those who are single parents with custody are similar to previous results; about 1 in 5 enlisted women E5 and above are single parents with some form of custody. Most women (60% overall) are unmarried when their child is born while 35% become single parents through divorce, similar to previous findings.
- Rates of custody for enlisted single mothers are similar to previous years; most enlisted single mothers have full custody. Of those who are single parents with custody, 46% indicate they receive financial support from the other parent while 19% indicate they do not but legally should. Of those who do not have custody, 80% indicate they provide financial support for their child.

Family Care Plan Compliance if Children under 19 Years

Single parents and dual-military parents are required to complete a Family Care Plan (OPNAVINST 1740.4 series) if they have children under 19 years of age. While the question wording changed in 2012 to ask about completion within the last year (instead of since arriving at the command), results show that completion rates are similar to previous years for women; results for men should be interpreted cautiously because of the low numbers who are required to complete the form.



Note: Results for males should be viewed with caution due to low numbers of respondents.

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- Those single parents or dual-military parents who had not completed a Family Care Plan were asked if they had some undocumented plan in place for the care of their children should they be absent for mission requirements (e.g., deployment). The majority do have a plan in place, with results being similar to previous results. About 9% of males and 2% of females have no (documented or undocumented) plan.

Attitudes Towards Family Planning and Birth Control Summary (1 of 2)

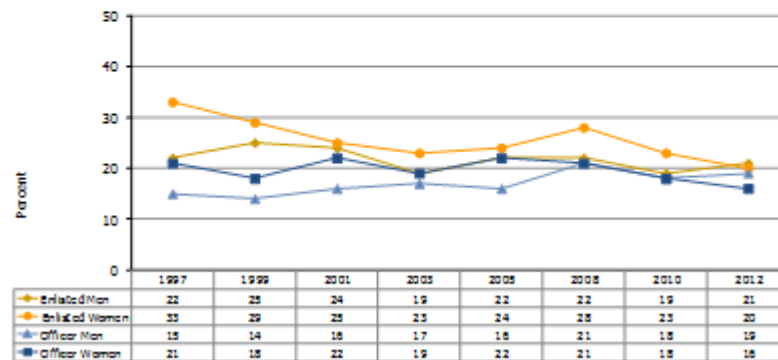
- Family planning attitudes are generally comparable to previous results
 - About 1 in 5 believe a woman should have a child "Whenever she wants"
- Almost half of the Navy indicate that their sea/shore rotation is good for family planning
 - About 20% indicate that they do not know
- Personnel are most likely to discuss family planning with no one, a family member, or a friend
- CIPP has generally no impact on motivation to stay in the Navy

Attitudes Towards Family Planning and Birth Control Summary (2 of 2)

- Birth control usage is similar to previous years
- The most common reasons to not use birth control are because the couple is pregnant or trying to get pregnant, followed by not wanting to use it
- Birth control pill and male condom remain most used forms of birth control, although 1/3 of enlisted women do use a LARC
- Knowledge of emergency contraception is similar to previous survey administration; almost no one uses emergency contraception as their primary birth control

A Navy Woman Should Become Pregnant Whenever She Wants

Respondents were asked when in her Navy career a woman should become pregnant. Answer choices ranged from "Never, being in the Navy and motherhood are not compatible" to "Whenever the woman wants a child". Results show that about 20% of the Navy believes a woman should have a child "whenever she wants", the answer least reflective of Navy career planning. Results for most groups are similar to previous years.



Sea/Shore Rotation and Family Planning

When asked about whether their current sea/shore rotation was adequate for planning a family, 2/3 of officer men, almost half of enlisted men and officer women, and 4 in 10 enlisted women felt it was. Almost as many enlisted women indicate it is not adequate as indicate that it is adequate, an increase over the two administrations. About 20% of all groups do not know, possibly because they are not yet planning a family.

My current sea/shore rotation is adequate for family planning.

	Enlisted						Officer					
	Women			Men			Women			Men		
	2008	2010	2012	2008	2010	2012	2008	2010	2012	2008	2010	2012
Yes	46	46	42	50	54	49	55	54	48*	69	68	65
No	33	32	39*	31	26	31	31	28	33*	20	17	20
Don't know	21	22	20	19	20	20	14	18	19	11	16	16

* Significant difference between 2010 and 2012.

Family Planning Discussions

Respondents were asked if they had a family planning discussion with a medical provider in the past year. About 15% of men (15% of enlisted and 13% of officers) and a third of women (33% of enlisted and 29% of officers) had. Respondents were also asked if they had discussed family planning while in the Navy with someone outside the medical field. Navy men and women are most likely to discuss family planning with their friends and family members. About 4 in 10 indicate that they do not discuss family planning with anyone.

Have you discussed how to plan a family while in the Navy with any of the following people?

	Enlisted		Officer	
	Women	Men	Women	Men
	2012	2012	2012	2012
Mentor	18	15	25	17
Chaplain	3	5	3	7
Friend	43	33	54	35
Family member	42	35	47	38
FFSC counselor	4	5	2	1
Career Counselor	5	5	1	1
No one	41	49	32	46
Other	11	7	12	7

Impact of Sabbatical on Retention

The 2012 survey again asked respondents if they had heard of the Career Intermission Pilot Program and provided a short description of it. About 1 in 5 enlisted (18% of enlisted men and 15% of enlisted women, a significant decrease for enlisted women) have heard of it, compared to about half of officers (48% of male officers and 55% of female officers). For the majority of the Navy, the CIPP has no impact on their motivation to stay in the Navy.

How does this program impact your desire to stay in the Navy?

	Enlisted				Officer			
	Women		Men		Women		Men	
	2010	2012	2010	2012	2010	2012	2010	2012
Motivate me to remain in the Navy	23	27	21	21	29	30	16	18
Has no impact on my motivation to remain in the Navy	74	71	75	76	69	69	81	78
Motivate me to leave the Navy	4	3	4	3	2	1	3	3

Post-Partum Operational Deferment Changes

Respondents were given a brief description of the current post-partum operational deferment policy (non-deployable for 12 months after giving birth) and asked about potential changes to the policy. The majority continue to recommend leaving the policy as it is.

If the policy were changed, how do you think it should be changed?

	Enlisted				Officer			
	Women		Men		Women		Men	
	2010	2012	2010	2012	2010	2012	2010	2012
Leave the policy as is	60	62	58	59	60	64	64	66
Shorten the policy to 9 months	--	3	--	5	--	3	--	5
Shorten the policy to 6 months	3	2	13	10	4	2	15	10*
Increase the operational deferment time	27	24	14	8*	28	22*	8	8
Allow 6 months operational deferment for those with less than 5 years of service, 12 months for members with over 5 years	10	9	16	17	9	9	13	11

* Significant difference between 2010 and 2012.



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Paternity Leave Changes

Respondents were given a brief description of the current paternity leave policy (10 days non-chargeable leave in connection with birth for married fathers) and asked how they thought the policy should be changed. About half of the Navy believes paternal leave should be extended to between 11 and 21 days, with almost another ¼ believing it should be longer than 21 days.

If the policy were changed, how do you think it should be changed?

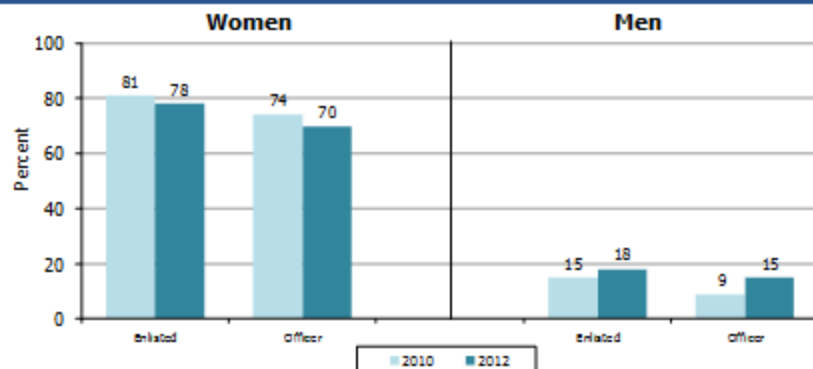
	Enlisted		Officer	
	Women	Men	Women	Men
	2012	2012	2012	2012
Leave the policy as is	18	26	27	37
Shorten the policy to 5 days	1	1	1	2
Increase the policy to between 11 and 21 days	56	46	53	43
Increase the policy to greater than 21 days	25	27	19	18



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Birth Control Discussed at Physical Exam

Respondents were asked if birth control options were discussed with medical providers in the last year (worded slightly different from 2010, when the question asked about their last physical exam). Birth control is generally discussed with women but rarely discussed with men. In addition, respondents were asked if they had ever used or considered using in vitro fertilization (IVF). About 10% of men (8% of enlisted and 9% of officers) and over 15% of women (15% of enlisted, 20% of officers) have used or considered IVF.



Note: Question wording changed from 2010 ("During my last physical exam, birth control options were discussed") to 2012 ("In the last year, has a medical provider discussed birth control options with you?"), so statistical differences not computed.

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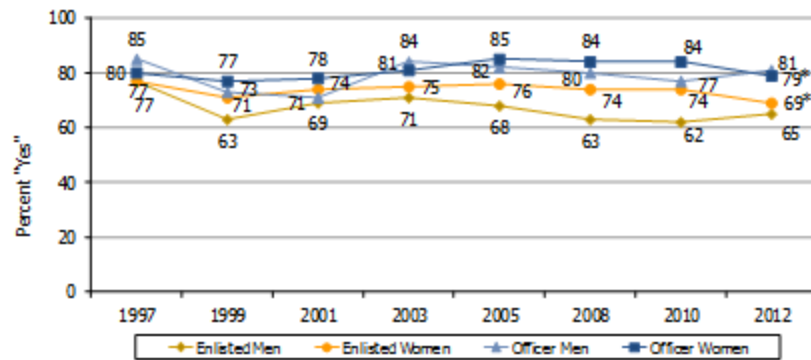
Long-Acting Reversible Contraceptives

After the 2010 survey, a formal plan was created to address the rates of unplanned pregnancy that were found. Part of this plan revolved around long-acting reversible contraceptives (LARCs) such as hormonal implants (Implanon) and intrauterine devices (IUDs) and systems (IUSs) such as Mirena and Paragard. The 2012 survey included questions about knowledge of LARCs. About half of enlisted women (almost 1/3 of officers) indicated they had discussed LARCs at their last physical exam. A slight majority of women feel that they could discuss advantages and disadvantages of LARCs with other women.

	% "Yes"	
	Enlisted	Officer
	2012	2012
At your last physical exam, did you and your medical provider discuss the advantages and disadvantages of using LARCs?	51	31
Have you had a discussion with someone outside of the medical field about the advantages and disadvantages of using LARCs?	44	31
Do you feel you understand the advantages and disadvantages of LARC enough that you could explain them to another woman?	65	55

I or My Partner Usually Use Birth Control

About 2/3 of enlisted usually use a form of birth control while 8 in 10 officers indicate the same. The rates for enlisted women are the lowest found since the question has been asked.



Note: Sterilization was calculated into the 1997 numbers based upon answers to a separate question; this was not done in 1999 nor 2001. Sterilization was part of the question in 2003 and 2005. Myectomy was included in a separate question, and was calculated into 2008-2012 to be consistent with 2003 and 2005.
 * Significant difference between 2010 and 2012.

Reasons for Not Using Birth Control: Enlisted

Enlisted women are most likely to indicate that they do not use birth control because they are pregnant or trying to get pregnant, as compared to the other choices listed on the survey. One in 4 enlisted men and 1 in 5 enlisted women do not use birth control because they do not want to. The most common "Other" reason for women was that they are homosexual (68% of the write-ins) and for men was because of the physical impacts (34% of the write-ins). (NOTE: DADT was repealed prior to the 2012 survey administration.)

Why don't you use birth control?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Do not have sex	19	19	20	18	19	14	16	19
Not fertile	6	3	5	6	6	5	4	5
Religion or personal beliefs do not permit	3	4	5	3	6	3	5	4
Do not want to	16	18	22	21	20	17	29	27
Not comfortable discussing or getting	---	---	3	3	---	---	5	7
Pregnant or trying to get pregnant	31	32	31	30	17	20	24	23
Other	23	23	14	20	29	39	17	15

Note: On the 2008 and 2010 survey, hysterectomy was listed a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.
In 2012, the "Other" answer included a write-in space, and responses were read to determine if preexisting categories were appropriate. The write-in was not included prior to 2010.

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- The most common reason for officers not to use birth control is because they or their partner are pregnant or trying to become pregnant. The "Other" write-ins mirrored enlisted findings; 88% of the write-ins for women related to them being homosexual while 40% of the write-ins for men related to physical issues caused by birth control.
- Most enlisted personnel usually use the condom or the birth control pill. Twenty-three percent of men and 33% of women are using a LARC (IUD, IUS, or implant).
- Most officers also use the condom or the birth control pill, with women officers preferring the pill. Thirteen percent of men and 21% of women are using one of the LARCs (IUD, IUS, implant).

Education and Training Summary

- Sources of sexual health training are similar to previous findings
 - STI/STD training occurs at GMT or from health care providers
 - Birth control training is given by health care providers for women and through GMT for men
- Half or less have never had training on policy related to pregnancy or single/dual-military parenthood Family Care Policy
- Most think sexual health training should still be taught at boot camp and/or at GMT once a year
 - Women more than men feel it should be annually during physical exam

Sources of Training on STIs/STDs: *Enlisted*

Compared to previous years, enlisted women are less likely to receive training at GMT, while that is the main source of training for enlisted men. Most enlisted women receive training from their physician, or from their personal research.

From which of the following sources have you received training in STIs or STDs, including HIV**?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
At GMT, within the last year	61	63	58	38*	66	63	63	52*
At GMT, more than 1 year ago	25	24	26	20*	31	28	31	24*
Physician	47	43	47	44	29	27	32	28
Nurse practitioner/Physician's assistant/Medical Officer**	31	38	43	36*	14	21	25	18*
Independent Duty Corpsman	12	15	17	15	18	19	24	18*
Corpsman	27	27	29	30	31	35	35	36
Personal research	--	--	--	39	--	--	--	27
QuickSeries@ flipbook	--	--	--	2	--	--	--	2
Other	28	29	9	23*	29	31	8	19*
Never	3	3	5	6	4	5	5	8

Note: Multiple responses allowed.

In 2010, the "Other" answer included a written space, and responses were recoded if they fit into existing categories.

* Significant difference between 2010 and 2012.

** Wording changed in 2008 to include STIs and Medical Officer.

Sources of Training on STIs/STDs: *Officer*

As with enlisted, officer men are most likely to receive STI/STD training from GMT while officer women receive it from physicians or their own research.

From which of the following sources have you received training in STIs or STDs, including HIV**?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
At GMT, within the last year	48	55	52	40*	57	59	52	46
At GMT, more than 1 year ago	30	30	32	32	41	38	46	41
Physician	40	34	38	39	34	30	35	33
Nurse practitioner/Physician's assistant/Medical Officer**	26	28	31	27	11	16	20	13*
Independent Duty Corpsman	7	9	9	11	17	17	21	20
Corpsman	6	9	8	10	15	17	15	17
Personal research	--	--	--	36	--	--	--	29
QuickSeries® flipbook	--	--	--	1	--	--	--	1
Other	28	28	14	25*	26	24	8	20*
Never	5	4	4	5	4	4	5	4

Note: Multiple responses allowed.

In 2010, the "Other" answer included a written space, and responses were recoded if they fit into existing categories.

* Significant difference between 2010 and 2012.

** Wording changed in 2008 to include STIs and Medical Officer.



Suggested Sexual Health Training Venues: *Enlisted*

Respondents were asked where sexual health training should be given. Most enlisted personnel believe training should occur at boot camp or at GMT.

Where do you think you should learn about sexual health issues?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Boot Camp	81	79	78	75	80	76	74	72
Leadership courses	50	47	53	48*	50	44	49	42*
OCS/USNA/ROTC	29	28	33	30	28	25	29	27
GMT	68	68	70	58*	68	65	66	61
From command leadership	42	45	50	48	41	39	45	45
Other	15	17	11	19*	12	12	9	13

Note: Multiple responses allowed.

* Significant difference between 2010 and 2012.

- Officer results are similar to those of enlisted, with most indicating sexual health training should occur at boot camp or GMTs. Over half also indicate it should occur at OCS/USNA/ROTC, higher than enlisted results.
- Over half of enlisted Sailors feel sexual health training should occur annually, during physical exams (chosen by almost $\frac{3}{4}$ of enlisted women) as well as during command training.
- Almost half of officers also believe sexual health training should occur once a year. More feel it should occur annually at their physical exams, with $\frac{3}{4}$ of women officers selecting this option.

Overall Summary (1 of 3)

- Overall, results similar to previous years
- Single parent rates are similar to previous results, with about 14,000 single Navy fathers and 6,000 single Navy mothers
- While FCP compliance continues to be less than 100%, most single parents and dual-military parents have some type of plan in case they are deployed
- Personnel are most likely to discuss family planning with no one, a family member, or a friend

Overall Summary (2 of 3)

- Most use birth control, predominantly the birth control pill and/or the condom
- STI/STD training occurs at GMT for both genders, but birth control training is given by health care providers for women and at GMT for men
- Overall, point-in-time pregnancy rates are similar to previous results, while annual rates are slightly lower than in 2010

Overall Summary (3 of 3)

- The majority of women become pregnant while assigned to shore or a non-deployable unit
 - Few women have orders to their next duty station when they become pregnant
- Women take, on average, 50 days of leave (convalescent and annual) after their pregnancies

Trend Summary (1 of 3)

- Rates of single parenthood and single parent custody for both men (currently 6%) and women (currently 13%) have been reasonably consistent since 1999
- Completion of the Family Care Plan has been consistent for women (currently almost 80%) and increasing for men (currently about 50%) since 2001
- When asked when in her Navy career a woman should become pregnant, about 20% indicate "whenever she wants", a drop for enlisted women but consistent for other groups since 1997

Trend Summary (2 of 3)

- Family planning attitudes are similar to findings since 2001
 - Slight increase (to 40%) in enlisted women indicating they would have sexual intercourse without birth control if partner wanted
- About 2/3 of enlisted and 3/4 of officers usually use birth control, slightly lower for enlisted men but consistent for the others as compared to history since 1997
- Point-in-time and annual pregnancy rates consistent since 1992, with about 9% of enlisted women and 5% of officer women pregnant at any time

Trend Summary (3 of 3)

- Rates of pregnancy planning similar to historical trends for both enlisted (currently 37%) and officer (currently 75%) women
- The majority of officer women and about half of enlisted women continue to work in the same place after they become pregnant, similar to results since 2001
- Fewer officer women continue to do their same job in a different location when they are transferred (currently 41%) while rates for enlisted women have been consistent (currently 25%) since 2001

Recommendations

- Publicize survey results
 - ALNAV or NAVMSG to those who participated
 - Provide press release to *Navy Times* and other media
 - Post to NPC Website
 - Provide follow-on briefings to ASN(M&RA), BUMED, CNP, MCPON, MPT&E FLTCM, N17, Navy Preparedness Alliance, and others as requested
- Provide briefing on Navy Pregnancy & Parenthood policies at officer and enlisted leadership courses
- Utilize survey results to impact retention challenges

Backup

Background

- Key metrics, such as rates of parenthood and pregnancy, are needed by Navy leaders to make sound policy decisions
- Current databases may not accurately reflect or make readily available key statistics such as single parenthood, family planning attitudes, birth control practices, and pregnancy rates
 - Best source of this information has been the Navy Pregnancy and Parenthood Surveys, conducted since 1988 and sponsored by the Office of Women's Policy (N-134W)
 - » Most funding provided in 2012 by N-154
- Survey satisfies requirements of SECNAVINST 1000.10 series to collect objective data for use in evaluation of Department of Navy (DoN) pregnancy policies

Method (Continued)

- Responses statistically weighted to be representative of the Navy population
- Survey updated from 2010 to include more details on long-acting reversible contraceptives (LARCs) as well as new questions on retention influencers and paternity leave
- Where possible, comparisons to previous years are included
 - Percentages and margins of error were compared between 2010 and 2012 results
 - Non-overlapping margins of error are noted and can be considered significant

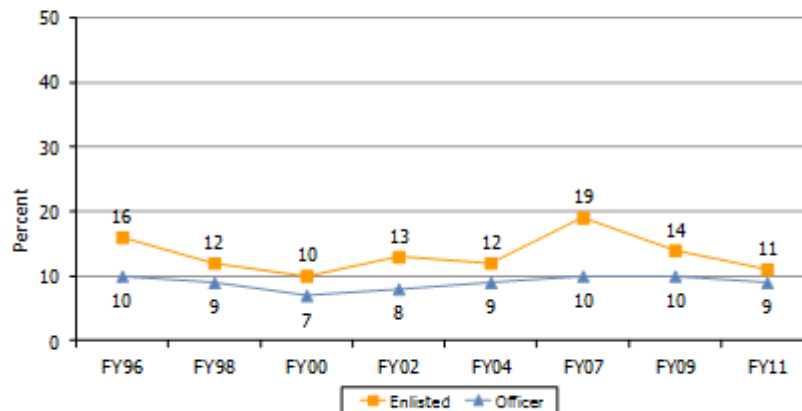
Respondent Demographics

	Enlisted		Officer	
	Women	Men	Women	Men
	N=2080	N=1057	N=1172	N=829
E2-E4	43%	33%	-	-
E5-E6	41%	52%	-	-
E7-E9	16%	15%	-	-
O1-O2	-	-	30%	18%
O3	-	-	44%	41%
O4-O6	-	-	26%	41%
White	42%	54%	74%	78%
Black	23%	15%	7%	6%
Hispanic	17%	14%	8%	6%
Other/Mixed	17%	17%	11%	9%
Average Age	28	30	32	35

Respondents selected based upon pay grade x gender strata. Data weighted based upon these strata to be reflective of the Navy. Unweighted demographics shown here.

Annualized Pregnancy Rates

Respondents were asked if they became pregnant in the last FY (1 October 2010 through 30 September 2011). Results are similar overall to previous years. The annual rate overall is 10.6%.



Note: FY11 results include those who indicated "Yes" for the question "Did you become pregnant between 1 Oct 10 and 30 Sept 11?"

Assigned Command when Became Pregnant

When they become pregnant, most women are assigned to shore activities/commands, although almost 1% of enlisted women are assigned to ships.

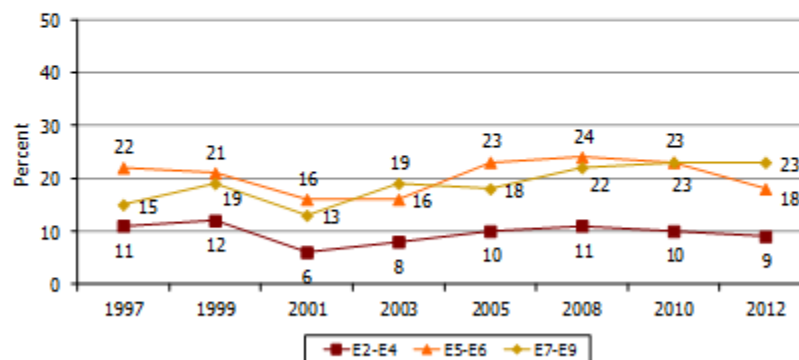
To what type of command were you assigned when you became pregnant?

	Enlisted				Officer			
	2005	2008	2010	2012	2005	2008	2010	2012
Ship	23	24	23	26	7	8	8	8
Deployable squadron	8	8	9	8	3	3	3	4
Other deployable unit	4	4	4	4	4	3	3	2
Non-deployable squadron	2	4	2	4	3	2	3	2
Shore activity or command, but not as a student	59	56	57	54	76	75	74	76
Navy funded school as a student	4	4	5	4	8	9	8	8

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Female Enlisted Single Parents with Custody

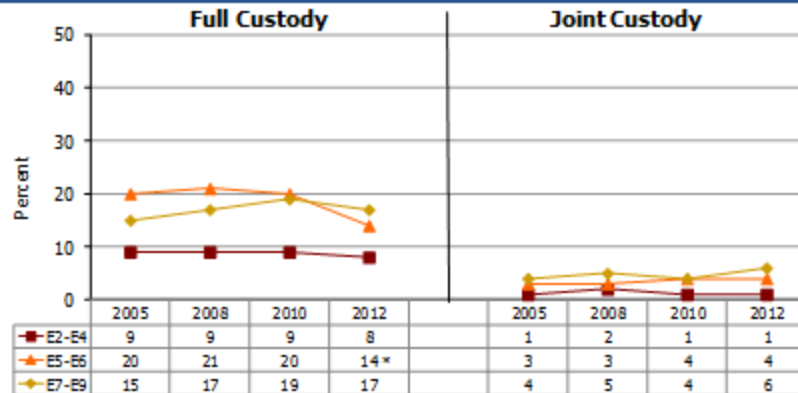
Percentages of those who are single parents with custody are similar to previous results; about 1 in 5 enlisted women E5 and above are single parents with some form of custody. Most women (60% overall) are unmarried when their child is born while 35% become single parents through divorce, similar to previous findings.



Note: "Single Parents with Custody" includes those who have sole custody and those who have any joint custody arrangement.

Female Enlisted Single Parents with Full or Joint Custody

Rates of custody for enlisted single mothers are similar to previous years; most enlisted single mothers have full custody. Of those who are single parents with custody, 46% indicate they receive financial support from the other parent while 19% indicate they do not, but legally should. Of those who do not have custody, 80% indicate they provide financial support for their child.



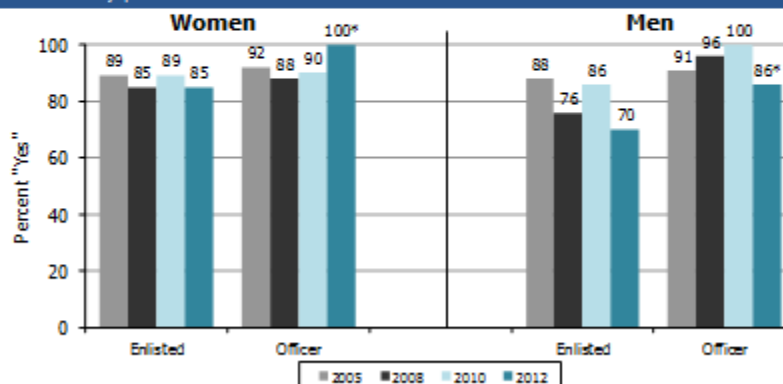
* Significant difference between 2010 and 2012.



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Undocumented Family Care Plans if Children under 19 Years

Those single parents or dual-military parents who had not completed a Family Care Plan were asked if they had some undocumented plan in place for the care of their children should they be absent for mission requirements (e.g., deployment). The majority do have a plan in place, with results being similar to previous results. About 9% of males and 2% of females have no (documented or undocumented) plan.



Note: Results for female officers, male officers, and male enlisted should be viewed with caution due to low numbers of respondents. Results only include those who indicated "Yes, because I have not been here 90 days yet", "Yes, I have not been told to complete the form", or "Yes, but I have been told to complete the form" to previous question about PCP completion.

* Significant difference between 2010 and 2012.

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Reasons for Not Using Birth Control: *Officers*

The most common reason for officers not to use birth control is because they or their partner are pregnant or trying to become pregnant. The "Other" write-ins mirrored enlisted findings: 88% of the write-ins for women related to them being homosexual while 40% of the write-ins for men related to physical issues caused by birth control.

Why don't you use birth control?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Do not have sex	23	29	28	22	12	12	11	9
Not fertile	16	8	8	6	16	10	11	10
Religion or personal beliefs do not permit	5	5	5	11	8	11	15	15
Do not want to	6	9	17	8	12	17	20	25
Not comfortable discussing or getting	---	---	0	1*	---	---	2	2
Pregnant or trying to get pregnant	30	34	37	40	31	28	32	28
Other	19	16	5	13	22	21	9*	11

Note: On the 2005 and 2010 survey, hysterectomy was listed a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.
In 2012, the "Other" answer included a written space, and responses were read to determine if providing categories were appropriate. The written was not included prior to 2010.

* Significant difference between 2010 and 2012.

Birth Control Options: *Enlisted*

Most enlisted personnel usually use the condom or the birth control pill. Twenty-three percent of men and 33% of women are using a LARC (IUD, IUS, or implant).

What method(s) of birth control do you or your partner usually use?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Tubal ligation/Essure/Hysterectomy**	--	6	6	4	--	9	12	8
Vasectomy**	--	5	6	5	--	13	13	11
Rhythm method	2	3	3	2	3	4	6	4
Withdrawal	16	18	18	17	19	17	19	18
Continuous breast-feeding	--	2	2	2	--	1	2	1
Birth control implant	--	1	4	12*	--	1	3	10
IUD	5	11	15	18	2	6	9	14*
IUS	--	--	--	3	--	--	--	2
Birth control pill	48	47	43	37	51	43	43	45
Birth control patch	16	9	6	5	10	5	4	3
Birth control ring	2	7	9	6	2	4	7	5
Birth control shot	14	8	7	8	13	6	5	8
Diaphragm/shield/cap**	1	0	0	0	1	1	0	0
Condom	51	53	51	50	56	57	58	58
Female condom	1	1	2	1	2	1	2	1
Sponge	--	0	0	0	--	1	1	0
Spermicidal foam or jelly**	4	3	2	1	6	5	4	2
Other	1	1	0	0	1	1	1	1

Note: Multiple responses allowed. On the 2008-2012 surveys, hysterectomy was listed a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.

** Wording changed from 2005.

* Significant difference between 2010 and 2012.

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Birth Control Options: *Officer*

Most officers also use the condom or the birth control pill, with women officers preferring the pill. Thirteen percent of men and 21% of women are using one of the LARCs (IUD, IUS, implant).

What method(s) of birth control do you or your partner usually use?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Tubal ligation/Esure/Hysterectomy**	--	7	5	6	--	11	12	9
Vasectomy**	--	11	8	10	--	23	22	23
Rhythm method	4	5	5	4	5	7	6	7
Withdrawal	9	12	12	12	7	11	17*	13
Continuous breast-feeding	--	3	3	3	--	2	2	3
Birth control implant	--	0	1	3*	--	0	2	2
IUD	6	7	14	16	5	5	7	12*
IUS	--	--	--	3	--	--	--	0
Birth control pill	54	53	52	46*	47	43	42	35
Birth control patch	7	3	2	2	5	2	1	1
Birth control ring	1	8	9	8	3	3	5	5
Birth control shot	6	2	2	1	3	1	1	1
Diaphragm/shield/cap**	1	1	0	0	2	1	0	1
Condom	38	41	39	38	39	44	44	43
Female condom	0	0	0	0	1	0	0	0
Sponge	--	0	0	0	--	1	0	0
Spermicidal foam or jelly**	4	2	2	1	5	2	2	2
Other	3	2	0	1	1	1	1	1

Note: Multiple responses allowed. On the 2008-2012 surveys, hysterectomy was listed a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.

** Wording changed from 2005.

* Significant difference between 2010 and 2012.

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Suggested Sexual Health Training Venues: *Officer*

Officer results are similar to those of enlisted, with most indicating sexual health training should occur at boot camp or GMTs. Over half also indicate it should occur at OCS/USNA/ROTC, higher than enlisted results.

Where do you think you should learn about sexual health issues?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Boot Camp	75	69	70	67	70	68	68	66
Leadership courses	52	48	48	44	49	43	45	39
OCS/USNA/ROTC	60	57	60	60	55	53	57	56
GMT	70	68	67	64	70	72	67	63
From command leadership	40	36	34	33	29	28	29	27
Other	21	24	16	23*	16	16	15	21*

Note: Multiple responses allowed.

* Significant difference between 2010 and 2012.

Suggested Timing for Sexual Health Training: *Enlisted*

Over half of enlisted Sailors feel sexual health training should occur annually, during physical exams (chosen by almost ¼ of enlisted women) as well as during command training.

How often do you think you should receive training about sexual health issues?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Once in a career	6	5	6	5	10	7	10	10
Every reenlistment/obligation	10	11	12	8*	12	11	13	11
Annually during physical exam	--	--	--	72	--	--	--	53
Annually during command training	--	--	--	51	--	--	--	52
Only when I ask for information	--	15	16	12*	--	18	18	16
Other	16	15	9	6*	15	14	9	6

Note: Multiple responses allowed.

* Significant difference between 2010 and 2012.

Suggested Timing for Sexual Health Training: *Officer*

Almost half of officers also believe sexual health training should occur once a year. More feel it should occur annually at their physical exams, with ¼ of women officers selecting this option.

How often do you think you should receive training about sexual health issues?

	Women				Men			
	2005	2008	2010	2012	2005	2008	2010	2012
Once in a career	7	6	9	5*	11	10	11	11
Every reenlistment/obligation	13	11	12	6*	13	9	10	6*
Annually during physical exam	--	--	--	75	--	--	--	52
Annually during command training	--	--	--	46	--	--	--	44
Only when I ask for information	--	14	16	11*	--	17	18	17
Other	16	18	8	6	15	10	8	8

Note: Multiple responses allowed.

* Significant difference between 2010 and 2012.